AD	

Award Number: DAMD17-96-1-6299

TITLE: Effects of Endurance and Resistance Training on Cardiovascular Risk in Military Eligible Women

PRINCIPAL INVESTIGATOR: Eric T. Poehlman, Ph.D. Andrew W. Gardner, Ph.D.

CONTRACTING ORGANIZATION: University of Maryland

Baltimore, Maryland 21201-1691

REPORT DATE: October 2000

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command

Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release; Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

20010620 105

REPORT DOCUMENTATION PAGE

OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY	USE ONLY	(Leave
hlank)		

2. REPORT DATE October 2000

3. REPORT TYPE AND DATES COVERED

Annual (25 Sep 99 - 24 Sep 00)

4. TITLE AND SUBTITLE

Effects of Endurance and Resistance Training on Cardiovascular Risk in Military Eligible Women

5. FUNDING NUMBERS
DAMD17-96-1-6299

6. AUTHOR(S)

Eric T. Poehlman, Ph.D.

Andrew W. Gardner, Ph.D.

8. PERFORMING ORGANIZATION REPORT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

University of Maryland

Baltimore, Maryland 21201-1691

E-MAIL:

epoehlma@zoo.uvm.edu

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)

U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

10. SPONSORING / MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION / AVAILABILITY STATEMENT

Approved for public release; distribution unlimited

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 Words)

The overall hypothesis is that the decline in physical activity habits and resultant increase in body fat reduces exercise capacity and muscle mass in military women. These lifestyle changes worsen cardiovascular risk factors. Therefore, continued involvement in resistance and endurance exercise programs which increases or preserves fat free mass, as well as enhances physical activity will prevent functional declines in military-eligible women. Although exercise is frequently recommended to enhance overall fitness, it is unclear as to whether endurance or resistance exercise is more effective in attenuating functional and cardiovascular declines in women. We will systematically compare the effects of endurance and resistance exercise on physical activity, cardiovascular fitness and fat metabolism in military eligible women.

To accomplish this objective, women (18 to 35 yrs.) were randomized to a 6- month endurance training, resistance training or control group. We will examine the following dependant variables:

1) free-living physical activity using doubly labeled water and indirect calorimetry; 2) body composition and body fat distribution using dual x-ray absorptiometry and computerized tomography;

3) in-vivo fat oxidation from ¹³C palmitate; and 4) insulin sensitivity from hyperglycemic/euglycemic clamps. Our results will provide new information on the energetic and physiological effects of endurance and resistance training on energy metabolism, cardiovascular fitness and fuel utilization in women.

14. SUBJECT TERMS Womens Health			15. NUMBER OF PAGES 79
			16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	Unlimited

TABLE OF CONTENTS:

(1)	Front Cover	 1
(2)	Standard Form (SF) 298	 2
(3)	Table of Contents	 3
(5)	Introduction	 4
(6)	Body of the Report	 9
	Subject Selection	 9
	Experimental Design	 10
	Methods	 11
	Statistics	 17
	Results	 17
	Discussion	 17
	Recommendations	 18
(7)	Key Research Accomplishments	 18
(8)	Reportable Outcomes	 19
(9)	Conclusions	 19
(10) References	 20
(11)) Appendices	 23
	Appendix I	 23
	Appendix II	 29
	Appendix III	 36
(13) Final Reports	79

INTRODUCTION:

This proposal responds directly to the recommendations for research as outlined by the Institute of Medicine: **Recommendations for Research on the Health of Military Women**. Our proposal specifically addresses the request for research on the effectiveness of different types of physical training programs for women in the military.

Although physical activity is routinely prescribed for military-eligible women, a systematic examination of the effects of different modes of training on women's physiology and work performance has not been undertaken. Specifically, the decline in physical activity and loss of fatfree mass are significant predictors of decreased function and increased cardiovascular risk in military-eligible women. Thus, exercise interventions specifically designed to offset these deleterious changes in work performance, body composition and physical activity are important considerations. All military women initially experience the physical challenges of basic training and once through this experience, the new soldier experiences additional physical challenges that are directly influenced by other military-related activities including, deployment, natural aging, etc. Moreover, given the increased number of career military women retained in the services, strategies to achieve and maintain optimal fitness are of high priority.

Although exercise is recommended to military women, it is unclear as to which type of exercise is most effective in maintaining physical fitness and body composition in an effort to reduce cardiovascular risk and enhance physical function. This proposal will address several health benefits of endurance and resistance exercise in military eligible women in an effort to establish guidelines to maintain optimal cardiovascular and metabolic fitness in military-eligible women. Results from this study will lay the scientific groundwork for the prescription of endurance and/or resistance exercise as the optimal mode of exercise to maintain physical fitness, work performance and reduce cardiovascular risk in military eligible women.

The overall hypothesis is that the decline in physical activity habits and resultant increase in body fat reduces exercise capacity and muscle mass in military women. These lifestyle changes worsen metabolic and cardiovascular risk factors. Therefore, continued involvement in resistance and endurance exercise programs which increases or preserves fat-free mass will prevent functional declines in military-eligible women. Although exercise is frequently recommended to enhance overall fitness, it is unclear as to whether endurance or resistance exercise is more effective in attenuating functional and cardiovascular declines in women. We will systematically compare the effects of endurance and resistance exercise on physical activity, cardiovascular fitness, and fat metabolism in military eligible women. The results of this study will lay the groundwork for appropriate exercise prescriptions to reduce cardiovascular and metabolic risk and enhance physical function in military-eligible women.

1. AIMS AND HYPOTHESES:

<u>AIM #1:</u> To determine the effects of endurance exercise and resistance training on free-living physical activity and cardiovascular fitness in military-eligible women.

<u>AIM #2:</u> To determine the effects of endurance training and resistance training on body composition and body fat distribution.

<u>AIM #3:</u> To determine the effects of low intensity endurance vs resistance training on in-vivo fat metabolism and insulin sensitivity.

2. BACKGROUND AND SIGNIFICANCE

Although increased physical activity is recommended to women, it is unknown as to the type of exercise that is most effective in attenuating functional declines and improving metabolic fitness. We will directly compare the effects of **endurance** and **resistance** training on: 1) free-living physical activity and cardiovascular fitness, 2) body composition and body fat distribution; fat metabolism, and insulin sensitivity in military-eligible women.

(2a) Exercise and Energy Expenditure.

One important reason to prescribe exercise is to increase <u>daily energy expenditure</u> and <u>physical activity</u> to maintain proper levels of body weight and composition. The influence of different types of exercise to achieve this goal has not been systematically examined in women.

Are endurance and resistance exercise effective interventions to increase resting and physical activity-related energy expenditure? A compelling goal of physical training programs is to increase physical activity and energy expenditure. It is presently unknown whether training programs accomplish this goal as physical activity levels outside of the exercise program could not be accurately measured. This proposal will provide new information on the impact of endurance and resistance exercise programs on resting and physical-activity related energy expenditure.

Resting metabolic rate is the largest component of daily energy expenditure in humans (1). A low resting metabolic rate is a significant predictor for body weight gain (2), which may partially explain increases in body weight in women. We have also found the women have a lower resting metabolic rate per kilogram of fat-free mass (3). Collectively, these findings underscore the importance of exercise interventions that would increase resting energy expenditure in women in an effort to offset increases in body weight over time.

It is encouraging to note that both endurance and resistance training has been found to increase resting metabolic rate in women (1). However, its effects on <u>free-living physical activity</u> is of greater interest with respect to regulation of energy balance. Changes in physical activity constitute a large proportion of variation in daily energy expenditure. Moreover, low levels of physical activity is a significant predictor of an increase in body weight over time (4).

We recently performed a study to examine the effects of endurance exercise on free-living energy expenditure outside of the exercise program. We found that women actually reduced their free-living physical activity during non-exercising time in response to endurance training (5). This physiological adaptation is counter-productive to the goals of the military which strive to increase daily energy expenditure through physical exercise. It is possible that the intense level of the exercise program (85% of VO₂ max) may have contributed to this finding. This study raises new questions regarding the optimal exercise mode to enhance free-living physical activity in women. This proposal will provide new information on the effects of endurance exercise on free-living physical activity by administration of doubly labeled water and the subsequent measurement of free-living physical activity.

Much interest has recently focused on <u>resistance training</u> as an intervention to enhance muscular strength, restore physical function and reduce cardiovascular risk (6). The impact of resistance training, however, on physical and metabolic function has received less attention than endurance training, particularly in women. Resistance training is an effective stimulus to increase muscular strength and fat-free mass in untrained adults (6). The anabolic nature of resistance training may reverse declines in resting metabolic rate by increasing fat-free mass (7,8). We have no information, however, on the effects of resistance training on free-living physical activity in women. Resistance training may enhance free-living physical activity by several mechanisms: 1) an increase in protein synthesis (9); 2) an increase in sympathetic nervous system (8) and 3) increased levels of fat-free mass. In this study, we will provide new information on the effects of endurance exercise and resistance training as therapeutic interventions to increase free-living physical activity and maintain muscle mass in military-eligible women.

(2b) Exercise, Intra-abdominal Fat and Insulin Sensitivity

What are the effects of endurance and resistance exercise on body fat distribution and insulin sensitivity? We have included in the proposal an examination of the effects of exercise on the metabolic risk factors of insulin and fat metabolism. The rationale for their inclusion is twofold:

1) changes in physical activity and body composition in response to training positively influence these variables and 2) the insulin resistance syndrome is an independent risk factor for cardiovascular (10). It is only recently, however, that the role of exercise to reduce intra-abdominal fat has been examined, and to our knowledge, no information is available in women.

Schwartz et al (11) found that a six month endurance training induced a preferential loss of fat from the abdominal region. Despite the relatively small changes in body weight (<2 kg) and body composition, impressive (>20%) decrements were found in intra-abdominal fat. These changes were associated with improved lipid lipoprotein profiles. Tonino (12) demonstrated an increase in insulin sensitivity with the euglycemic clamp technique in men following an aerobic exercise training program which did not substantially affect body composition. Houmard et al (13) exercise trained 13 middle-aged men, but found that a reduction in central body fat, as measured from the waist circumference, was not related to an improvement in insulin sensitivity. Alternatively, Kirwan et al (14) noted that regular exercise was effective in reducing hyperinsulinemia and improving insulin sensitivity and that these changes were related to the reduction in the waist circumference. Khort et al (15) showed that a higher waist circumference was related to a lower rate of glucose disposal in men. Unfortunately, no systematic investigation of the effects of exercise on insulin sensitivity and body fat distribution has been undertaken in women.

Most studies have focused on endurance training, whereas less attention has been directed towards the effects of resistance training on intra-abdominal body fat and insulin sensitivity. However, because isometric contractions produce insulin-like effects on glucose uptake in skeletal muscle (16) and muscle mass serves as the principal site of glucose disposal, resistance training could be an important intervention to enhance insulin action in women. Recent reports provide support for this hypothesis. Ross and Rissanen (17) found that the combination of energy restriction (1000 kcal/day) and either resistance or aerobic exercise induced significant reductions in intra-abdominal fat. This was a surprising finding given the fact that the direct energy cost of the endurance exercise program was substantially higher than the resistance training program. This finding suggests that changes in the other components of total daily energy expenditure (resting

metabolic rate or physical activity) may have occurred that significantly increased the total daily energy expenditure of the resistance training program.

Several investigators examined changes in insulin sensitivity in response to resistance training. For example, insulin responses to an oral glucose challenge were found to be lower in younger individuals after resistance training (18), and in some cases glucose tolerance was improved similarly in endurance and resistance training (19). Miller et al (20) showed that 16 weeks of strength training improved the insulin response to glucose ingestion in young males, which they attributed to an increased muscle mass. Data from our laboratory showed that strength training increased nonoxidative glucose metabolism by 45% in men (21). To our knowledge, no studies have directly compared the effects of endurance vs resistance training on changes in intraabdominal body fat and associated changes in glucose metabolism in women.

(2c) Exercise and Fat Metabolism.

What are the effects of endurance and resistance exercise on fat oxidation? We feel is it is important to include a measure of fat oxidation in the present study to help explain the mechanisms related to changes in insulin sensitivity. It is reasonable to hypothesize that the loss of intra-abdominal body with exercise training programs will be associated with improvement in insulin sensitivity. This is based on the fact that adipose tissue in the visceral region is highly sensitive to lipolytic stimuli, particularly in those regions drained by the portal circulation (22). As a consequence, increased fat oxidation as a result of exercise would reduce the delivery of free-fatty acids to the liver, thereby reducing gluconeogenesis and stimulating hepatic insulin clearance. This would lead to lower circulating concentrations of insulin and increased insulin sensitivity (23). However, the optimal exercise mode to maximize loss of intra-abdominal fat and improve insulin action has not been clearly established.

The majority of knowledge regarding the effects of exercise on fat oxidation has been primarily derived from endurance training studies and from measurements of circulating concentrations of substrates considered to be representative of lipolytic action (24,25). More recently, we have used in-vivo techniques to quantify fat metabolism in humans. We showed that endurance training increased levels of fat oxidation in healthy women (26). However, less information is available regarding the effects of resistance training on fat oxidation in younger women. Pratley et al (8) showed that 16 weeks of resistance training increased plasma levels of norepinephrine in men, but no changes were noted in fat oxidation. Melby et al (27) showed that resistance exercise elevated postexercise metabolic rate and fat oxidation 15-hr after exercise completion. They suggested that resistance exercise may be beneficial in weight control because of the direct energy cost of the activity, the residual elevation of postexercise VO₂ and the greater postexercise fat oxidation. Work from our laboratory shows that fat-free mass is an important regulator of the rate of appearance of fatty acids into circulation and fat oxidation in women (28,29). Thus, resistance training may elevate the level of fat oxidation by increasing the metabolic demand for fatty acids by increasing skeletal muscle mass as well as the level of daily energy expenditure and physical activity. This study will provide new insight into the effects of endurance and resistance training on insulin sensitivity and fat oxidation in military-eligible women.

Collectively, this will be the first proposal to systematically examine the effects of endurance and resistance training on a comprehensive battery of cardiovascular and metabolic risk factors in military-eligible women.

3. WORK ACCOMPLISHED:

Intervention Studies

We examined the effects of exercise training on changes in total daily energy expenditure and physical activity. We subjected women to 8 weeks of intense endurance training in which resting metabolic rate, body composition and norepinephrine kinetics were measured (30,31). We found that resting metabolic rate increased by 10% (150 kcal/d), without significant changes in body composition. These results suggest that endurance training increases resting energy needs in women. These results prompted further studies with doubly labeled water to examine the effects of exercise on daily physical activity, the true determinant of energy balance. These studies document our ability to carry out and retain women in exercise intervention studies.

We used doubly labeled water to assess the effects of exercise on free-living energy expenditure (5). We found that individuals became more inactive during their non-exercising time in response to a high intensity endurance exercise. We found that endurance training resulted in a 62% reduction in the energy expenditure of physical activity outside of the exercise program (571 \pm 383 to 340 \pm 452 kcal/d). The results underscore the importance of using doubly labeled water to determine the effects of endurance or resistance exercise on daily energy expenditure in women. This study documents our ability to use doubly labeled water methodology in exercise intervention studies and raises new questions regarding the type of exercise that is most efficient in increasing physical activity in military-eligible women.

Fat Metabolism:

In a series of studies, the effects of endurance training on fat oxidation in women were assessed. Free fatty acid appearance rate and fat oxidation were determined from 14 C palmitate infusions and indirect calorimetry (26). In response to endurance training, free fatty acid appearance did not change, but fat oxidation increased ($200 \pm 12 \text{ vs } 244 \pm 16 \text{ }\mu\text{molmin}^{-1}$; P<0.01). These results support the notion that endurance training increases fat oxidation in the basal state. Furthermore, individuals who increased total daily energy expenditure and physical activity, also showed higher levels of fat oxidation (r=0.55; P<0.05). These findings led us to propose to test the hypothesis that significant increases in total daily energy expenditure and physical activity (by endurance or resistance exercise) will enhance fat oxidation, promote loss of intra-abdominal fat and increase insulin sensitivity in military-eligible women.

Resistance Training:

We examined relationships of resting metabolic rate to cardiovascular disease risk in middle-aged women characterized as resistance trained, aerobic trained or untrained (33). Resting metabolic rate, after normalization for differences in fat-free mass, was 7% higher in aerobic and resistance trained women compared to untrained women. Both aerobic and resistance trained individuals were expending approximately 200 kcal/d more at rest when compared to untrained individuals. These results suggest that resistance and aerobic training can serve as suitable interventions to offset the decline in resting metabolic rate in military women. We now propose a resistance training study in which daily energy expenditure can be measured to assess it

relation to enhanced functional capacity and cardiovascular risk factors in military eligible women.

The effects of resistance training, with and without weight loss, on endogenous insulin secretion and peripheral tissue glucose utilization was examined in postmenopausal women (34). Women trained three times per week for 16 weeks on resistance machines. Body composition was measured from dual-energy x-ray absorptiometry. Despite weight loss, fat-free mass was maintained in weight loss groups by concomitant resistance training. The endogenous insulin response decreased 24% with resistance training and 42% with resistance training and weight loss, with no change in glucose utilization. These results suggest that peripheral tissue sensitivity to endogenously secreted insulin improved to a greater extent with resistance training and weight loss rather than resistance training alone. However, resistance training increased insulin sensitivity in both groups. These results suggest that increased adiposity and glucose intolerance associated with the post-menopausal state could be prevented with resistance training and weight loss. We now propose to study the mechanism of the increase in insulin sensitivity in military-eligible women by examining in-vivo fatty acid utilization and oxidation.

Significance of Proposed Work. The adaptive responses of military-eligible women to endurance and resistance training has been an understudied area of research. The combined used of doubly labeled water methodology, multicompartment models of body composition, and substrate measures of insulin sensitivity and fat oxidation will provide new information on the effects of resistance and endurance exercise to cardiovascular and metabolic risk factors. Our preliminary data demonstrates our ability to successfully conduct exercise studies in women, perform sophisticated measured of energy expenditure and substrate metabolism. Results from this study will lay the scientific groundwork for the prescription of resistance and endurance exercise to enhance cardiovascular and metabolic fitness in military eligible women.

BODY OF THE REPORT:

SUBJECT SELECTION:

We have successfully recruited 89 military eligible, non-pregnant women (18 to 35 yrs.) for this study. Of the 89 women recruited, 58 women completed the study with a dropout rate of 32%. The endurance group consists of 20 women; the resistance group; 20 women and the control group; 18 women. Volunteers were screened by telephone to ensure that they met the study inclusion criteria and are free of exclusionary criteria. Eligible subjects were scheduled for a screening visit at which time the study was explained in detail and a written informed consent was obtained. A fasting blood profile, a urinalysis, fasting and two hour postprandial glucose and a resting EKG was also obtained.

Criteria for subject inclusion was: premenopausal and age between 18 to 35 years, a body mass index between 18 and 25 kg/m². Exclusion criteria included a history or evidence on physical examination or testing of the following: 1) diabetes; 2) orthopedic limitations or history of pathologic fractures, 3) hypertension (>160/90 mmHg; 4) use of prescription or over the counter medications which could affect glucose metabolism (including insulin and oral hypoglycemic agents), 5) smoking.

EXPERIMENTAL DESIGN:

Volunteers were randomly assigned to a 6-month endurance, resistance training or control group. All subjects were weight stabilized and given dietary advice to consume a diet containing at least 250g of carbohydrate per day prior to testing. Diets were not changed throughout the program. All tests were performed during the follicular phase of the menstrual cycle. The testing sequence is described below:

Testing Sequence:

- 1. Recruiting: Telephone screen and advertising
- 2. Screening visit (1 day)
- (a) Physical exam and history
- (b) Graded exercise test
- 3. Dietary Instruction, Body Weight Stabilization (2 weeks)
- (a) Two weeks of dietary instruction for body weight stabilization and adequate carbohydrate intake. Perform test of VO₂ max test during this period to avoid interference of vigorous exercise with other metabolic tests.
- 4. Overnight Visit to the University of Vermont (1 day)
 - (a) Administration of Baseline Doubly Labeled Water (afternoon of admission)
 - (b) Computerized Tomography Scan (afternoon of admission)
 - (c) Resting Metabolic Rate
 - (d) Dual Energy x-ray Absorptiometry Scan
 - (e) Fatty Acid Kinetics
 - (f) Perform Insulin Clamp
- 5. Return visit (10 days later)
 - (a) Urine collections of doubly labeled water
- 6. Random assignment to Endurance, Resistance or Control group
- 7. Tests During Exercise Programs
 - (a) Re-assessment of strength to maintain exercise prescription
- 8. 6 month Post-testing Period:
- (a) Testing sequence is identical as described in 3, 4 and 5 (testing conducted at least 48 h after last exercise session)

METHODS:

The **METHODS** section is subdivided into the following categories:

- (1) Endurance Training, Resistance Training and Control Group;
- (2) Energy Expenditure;
- (3) Body Composition and Body Fat Distribution;
- (4) Insulin Sensitivity
- (5) Fat Metabolism

(1) INTERVENTIONS:

(a) Endurance Training Program

All endurance exercise sessions were preceded by a 10 min warm-up which consisted of stretching of the major muscle groups and slow walking on a treadmill. The women exercised three times per week using the Racquets Edge Health and Fitness Center. The training sessions consisted of an individually prescribed duration and intensity. To monitor adherence to prescribed training plan, volunteers wore a heart rate monitor (Polar Accurex, Polar Electronics Inc.) during each training session. A warm-down was performed after the treadmill session and consisted of flexibility exercises. Data of individuals are considered in the statistical analysis who attended at least 80% of all exercise sessions.

The women were taught to monitor their heart rates. The duration of the exercise began at ~ 20 minutes walk/jogging. By the end of the exercise program, individuals were jogging approximately 45 to 55 minutes (Table 1). By the end of 6 months of endurance training, volunteers expended approximately 600-800 kcal per session, or an additional increase of 2400 to 3200 kcal per week generated by the direct energy cost of the exercise. The quantity of expenditure was substantial but realistic to perform when an adequate adaptation period is built into the study. Dr. Dvorak (a fellow in Dr. Poehlman's laboratory) and hired personal trainers will supervise the exercise program.

Duration of exercise	Week 1	Week 2	Week 3	Week 4
25'	70%	75%	80%	85%
	Week 5	Week 6	Week 7	Week 8
30'	75%	80%	85%	90%
	Week 9	Week 10	Week 11	Week 12
35'	75%	80%	85%	90%
	Week 13	Week 14	Week 15	Week 16
40'	75%	80%	85%	90%
	Week 17	Week 18	Week 19	Week 20
45'	80%	85%	90%	
	Week 21	Week 22	Week 23	
50'	80%	85%	90%	
	Week 24	Week 25	Week 26	
55'	80%	85%	90%	

Table 1. Endurance exercise training program (70% represents the percentage of HR_{max} obtained during the peak oxygen consumption test)

(b) Resistance Training Program

The resistance training program was designed to stimulate optimal gains in muscular size and strength over the 6-month training period. Women trained on three non-consecutive days during the week (e.g., Mon, Wed, Fri). Variation in training will enhance the quality of the exercise stimulus by improving the adherence to the training program and reducing the potential boredom often associated with the use of a redundant resistance training protocol.

Women were individually instructed in the performance of each exercise and allowed to practice the exercise and strength testing protocol several times prior to initial testing and the start of the training program. Prior to strength testing, two resistance training sessions were conducted so that women could become familiar with the equipment and proper exercise techniques.

Each training session included a warm-up of low intensity cycling for 5 min, followed by a 10 min of static stretching of all the major muscle groups used in training. Each exercise session was individually monitored for optimal progression. The resistance program consisted of the following exercises: 1) Leg press, 2) Leg Extensions; 3) Hamstring Curls; 4) Bench Press; 5) Seated Rows; 6) Lat-pull Downs; 7) Military Press; 8) Bicep Curls; 9) Tricep Extenions. The exercises provided a total body resistance training program for all of the major muscle groups of the body. Cybex weight training equipment (located in the Racquets Edge Health and Fitness Center) was used.

The basic prescription was to perform three sets of ten repetitions for individual lift, with sixty seconds breaks between the sets. In addition, volunteers lifted the weight to failure during the last set, more specifically, they were able to perform at least six but no more than 12 repetitions. When they reached the level of performance so that they could perform 12 repetitions during the last set, the resistance was increased for the next training session. This ensured the necessary level of overload for each training session.

Because of the need for test specificity, 1 RM evaluations of certain exercises used in the training program provided the most direct evaluation of the training gains made over the 6-month period. The 1-RM is defined as the maximum amount of resistance that can be moved through the full range of motion of an exercise for no more than one repetition. To determine the 1 RM, each subject initially performed 3 to 5 repetitions with the lightest weight possible to be sure proper technique is used. The investigator then selected a weight and asked the subject to perform the lift. Following 3 to 4 minutes of rest, the next heaviest weight was selected and the attempt was repeated until the subject could not complete the full lift. In each case, the investigator attempted to determine the 1 RM with 6 to 7 trials to prevent localized muscle fatigue. Training was set at approximately 80% of 1 RM. The same number of trials, time between trials and order of exercises was used before and after training for the 1-RM test. Tests were administered prior to the start of the training program and twice per month for the first two months (because of the anticipated rapid increase in strength) and once per month thereafter. The following exercises were evaluated for 1 RM's: leg press, leg extension, bench press, military press, lat pull downs and seated rows.

(c) Control Group

The attention control group met as frequently in a group as the exercise intervention groups at the University of Vermont. They were strongly encouraged to maintain their current level of physical activity and not to engage in any form of endurance or resistance exercise. They received similar dietary instruction and social support as the exercise intervention groups. They participated

in all testing and weight stabilization. Following the completion of the study, these women were provided personalized exercise prescriptions for endurance and resistance training programs.

(2) ENERGY EXPENDITURE

(a) Doubly labeled water (DLW)

To determine the effects of endurance and resistance training on changes in <u>daily energy</u> expenditure and <u>physical activity</u>, energy expenditure was measured during a 10-day period using DLW methodology (32). A baseline urine (10 ml) was collected and a mixed dose of DLW was orally administered the afternoon before the first test visit. The doses was approximately 0.24g of H₂¹⁸O and 0.22g of ²H₂O per kg of estimated total body water. The dose described has been selected to achieve initial and final enrichments that translate, by propagation of error analysis to a theoretical uncertainty in carbon dioxide production rates arising from analytical error of less than 5% (32).

Two urine samples were collected on the morning after dosing, and another two were collected on a return visit 10 days later. Samples are being analyzed in triplicate for $H_2^{18}O$ and 2H_2O enrichments by isotope ratio mass spectrometry at the Biomedical Mass Spectrometry Facility in the Department of Medicine at the University of Vermont using the CO_2 equilibration technique (36), and the off-line zinc reduction method (37). Total daily energy expenditure is calculated from doubly labeled water data using equation A6 of Schoeller et al (38). This technique will provide new information on whether physical activity levels (outside of the exercise programs) change in response to the endurance and resistance exercise programs.

(b) Resting Metabolic Rate (RMR)

RMR was assessed after an overnight fast in which volunteers stayed overnight. RMR was measured for each subject by indirect calorimetry for 45 min, using the ventilated hood technique (39). Energy expenditure was calculated from the equation of Weir (40). The intraclass correlation and coefficient of variation (CV) for RMR determined using test-retest in 17 volunteers is 0.90 and 4.3%, respectively. This measurement provides information on whether resting energy requirements change in response to endurance and resistance exercise.

(c) Physical Activity Energy Expenditure

The energy expenditure of physical activity was derived by subtracting RMR, and an estimate for the thermic effect of a meal from total daily energy expenditure (32). A fixed constant of 10% of daily energy expenditure for the thermic response to feeding was assumed (41). We have chosen not to directly measure the thermic effect of a meal because: 1) its contribution to total daily energy expenditure is small (10% of total daily energy expenditure) (42) and 2) postprandial measurements are long (4 to 6 hr) and of questionable reproducibility (43) and 3) the measurement of postprandial energy expenditure would significantly increase the time commitment for the women. The change in the level of physical activity is a primary outcome variable because of its large contribution to daily energy expenditure and its relationship to changes in body composition.

(d) Maximal Aerobic Power (VO2 max)

VO₂ max was assessed by a progressive and continuous test to exhaustion on a treadmill. VO₂ max was considered to have been achieved if two of the following criteria are met: 1) a plateauing of VO₂ when the increase in oxygen consumption during the last minute of the VO₂ max test is <200 ml; 2) a respiratory exchange ratio greater than 1.1; or 3) a heart rate at or above the age-related predicted maximum (220 - age, yr). Test-retest conditions (within 1 week) for VO₂ max for 20 volunteers have yielded an intraclass correlation of 0.94. If these criteria were not met, we requested that the volunteer perform another test of VO₂max. VO₂ max was assessed every two months to take into account the increases in maximal aerobic power so that exercise prescriptions can be re-evaluated to maintain the desired exercise intensity.

(e) Estimated energy intake

Self-recorded energy intake was measured for seven days during the doubly labeled water measurement period. Briefly, volunteers were provided with record sheets and dietary scales including procedures for reporting intake, estimation of portions, and describing food combinations. The energy content from food diaries will provide a more accurate estimate of food quotient necessary in the calculation from doubly labeled water.

(3) BODY COMPOSITION AND BODY FAT DISTRIBUTION

(a) Dual Energy x-ray Absorptiometry (DEXA)

DEXA uses the exponential attenuation due to absorption by body tissues of photons emitted at two energy levels (40 and 70 keV) to resolve body weight into bone mineral, and lean and fat soft tissue masses. The subject lays supine on a padded table. All metal objects are removed. The total dose for a scan is less than 1mSv. A total body scan takes about 30 minutes and provides estimates of the following: bone mineral densities (BMD, g/cm²), soft-tissue attenuations ratios (Rst-values), fat and lean tissue weights (g), and percent body fat for 9 body regions, as well as total body fat weight, %body fat, fat-free mass and total body mineral weight. The reproducibility for body fat is 1.7% in test-retest conditions in six females. This technique provides information on whether fat mass, fat-free mass and bone density changes in response to endurance and resistance exercise.

(b) Computerized tomography (CT)

CT scans are performed on a Siemens Somatom DRH scanner (Erlangen, FRG) using the procedures of Sjostrom et al (44). Briefly, women are examined in the supine position with both arms stretched above their head and single 5 mm, 2 second scans are taken at the abdomen at the level of the umbilicus and the mid-thigh level halfway between the greater trochanter and superior aspect of the patella and greater trochanter. Based on our evaluation of mean attenuation and intersection of adipose muscle tissues of over 400 cross-sections of intra-abdominal adipose tissue, a range of -190 to -30 Hounsfield units (HU) are used to measure cross-sectional area of adipose tissue and 30-80 HU for muscle tissue. Intra-abdominal and subcutaneous fat areas (expressed in cm²) are measured using an automated computer program which outlines fat with the HU range

selected. The coefficient of variation for repeat cross-section analysis of scans among 40 women is less than 2% for adipose tissue. The technique will provide information on whether the quantity of visceral fat changes in response to resistance and endurance exercise.

(4) INSULIN SENSITIVITY

The hyperinsulinemic/euglycemic clamp was used to measure sensitivity to insulin (23). Women had an intravenous catheter placed in a large antecubital vein for infusion (20% dextrose) and another placed in a retrograde fashion into a dorsal vein with the hand kept in a warming box at 70°C to arterialize venous effluent. Blood samples are drawn from the dorsal hand vein for glucose and insulin determination (every 5 min). Plasma glucose levels are measured (Beckman Instruments, Fullerton, CA) and the rate of glucose infusion adjusted every 5 minutes to maintain the desired level of glycemia. Insulin concentrations were measured by radioimmunoassay in all samples from an individual (baseline, and post-intervention) in a single assay to minimize interassay variation.

The amount of glucose utilized is an index of insulin sensitivity. This technique will provide new information on changes in insulin sensitivity in response to endurance and resistance exercise in military-eligible women.

(5) FAT METABOLISM

i. ¹³C-palmitate kinetics

Basal rates of lipolysis and whole body fat oxidation was assessed as previously described (26). Briefly, a non-primed constant infusion of [1-¹³C]palmitic acid was administered for 120 min in the post-absorptive state with simultaneous measurement of resting metabolic rate with indirect calorimetry. Samples for determination of the enrichment of the specific activity of palmitic acid will be taken prior to and at 90, 100, 110, and 120 min after the start of the infusion.

The calculations were made using the following equations:

i. The rate of appearance of palmitic acid (R_{aP}) with the following formula:

$$R_{aP}(\mu mol/kg/min) = IR/IE$$

where, IR is the infusion rate of tracer (μ mol/kg/min) and IE is the enrichment of substrate in plasma at isotopic equilibrium.

ii. The rate of appearance of free fatty acids (R_{aFFA}) with the following formula:

$$R_{aFFA}$$
 ($\mu mol/kg/min$) = R_{aP} (C_{FFA}/C_P)

where, C_{FFA} is a concentration of free fatty acids in the blood measured by colorometric assay using kit from Biochemical Diagnostics (Brentwood, NY) and C_P is the concentration of plasma palmitate measured by gas chromatography-mass spectrometry.

iii. The rate of oxidative disposal (FFA $_{ox}$) of serum fatty acids was measured by indirect calorimetry. The rate of fat oxidation (FAT $_{ox}$) is obtained by dividing fat oxidation calculated with

indirect calorimetry by 860 (molecular weight of a typical triglyceride), and multiplying it times three (three fatty acids per mole of triglyceride).

iv. The rate of non-oxidative disposal (FFA_{NOX}) of serum fatty acids (extracellular recycling of fatty acids by the following formula:

$$FFA_{NOX} = R_{aFFA} - FFA_{OX}$$

The coefficient of variation for test-retest measurements is 13% and the intra-class correlation is 0.95 for ten older individuals tested two weeks apart. This technique will provide information on changes in fatty acid appearance and fat oxidation in response to endurance and resistance exercise programs in military eligible women.

(6) SAMPLE SIZE CALCULATIONS and DATA ANALYSIS

(1) Sample Size Calculations

We have calculated sample sizes based on hypothesized changes within the endurance and resistance treatment conditions. We present power calculations for hypothesized changes in two variables: 1) total daily energy expenditure and 2) insulin sensitivity. Our sample size calculations are for an alpha level of 0.05 with 80% power. Our recruiting and sample size goals were finally based on the changes anticipated with insulin sensitivity because of the larger sample size required.

We hypothesized that the total daily energy expenditure will be increased by 360 kcal/d for both endurance and resistance training with a standard deviation of 200 kcal/d in women. This increase takes into account the 10% increase in resting metabolic rate (160 kcal/d) (30) and the hypothesized increase of 200 kcal/d in free-living physical activity. We anticipate that endurance exercise will increase physical activity during non-exercising time because: 1) the loss of fat mass will reduce the burden of carrying extra weight and 2) daily physical activities will be performed at a lower percentage of VO₂max. We anticipate that resistance training will increase fat-free mass by 2-3 kg. Data from our laboratory shows that for each 1 kg increase in fat-free mass, resting metabolic rate increases by approximately 50 kcal/d (42). This would translate into a 150-160 increase in resting metabolic rate per day. Again, given the increase in fat-free mass, we anticipate that women will be more physically active and expend approximately 200 kcal/d more per day in their non-exercising time. Thus, we hypothesize that total daily energy expenditure will be increased by an extra 360 kcal/d with a standard deviation of 200 kcal/d (32).

We have also performed power analyses on changes in insulin sensitivity. We estimated that setting the power at 0.80 and a significance level at 0.05, in order to detect a difference in glucose utilization 0.4 mg/kg fat free-mass/min. This preliminary data from our laboratory is based on 0.8 mg/kg fat-free mass change in glucose utilization in 10 endurance trained individuals who trained for 6 months and a 0.4 mg/kg fat-free mass change in 12 older individuals who lost 4 kg after 6 months and with a standard deviation of 1.1 and 1.3 mg, respectively. We will need 85 subjects or 28 women per group (resistance, endurance and control). With a 20% dropout rate, we will need to recruit 104 women over the four year grant period. Because the sample size calculations for this variable yielded the greatest number of subjects to be recruited, we have based our recruiting and sample size calculations on the change in insulin sensitivity.

STATISTICAL ANALYSIS:

Analysis: A repeated measures analysis of variance will be used to detect changes with time within the treatment condition and among groups (endurance vs resistance vs control). The repeated measures factor will be the repeated tests during the exercise programs.

This analysis will provide information on whether total daily energy expenditure, resting metabolic rate, physical activity, fat metabolism and intra-abdominal body fat and insulin sensitivity change in response to and among treatment conditions. Changes in the dependent variables will be analyzed on an absolute as well as relative (%) basis.

RESULTS:

See attached paper in Appendix II.

DISCUSSION:

We conclude that our randomization procedure has been successful, as there were not any statistically significant differences among the groups at pre-testing in any of the physical characteristic variables. Moreover, the recruitment for this study is now complete. The dropout rate is ~33% (29 volunteers), which is slightly higher than we have anticipated (20%). The major reason for dropouts has been non-compliance with the training protocol (16 volunteers). That is, the volunteers' participation in the training was below an acceptable level (80%), typically due to conflicts with their other commitments. Furthermore, 8 volunteers dropped out because of an injury (knee pains, ankle pains). This is to be expected, because only previously sedentary women are accepted for participation. Some of the other reasons included relocation (2 volunteers), refusal to return for post-testing (2 volunteers), health problems not related to training (3 volunteers), and pregnancy (2 volunteers). To decrease our dropout rate, we adopted a strategy of very detailed discussions with each prospective volunteer (by two different members of our team) during the initial contact over the phone as well as during the screening visit. On both occasions, we thoroughly describe and stress the time commitment necessary for their successful participation in the study. This approach has proven successful, during the last year and we have observed a substantially lower dropout rate.

The analysis of the pre- and post-intervention data supported the anticipated effect of our exercise training interventions. The increases in peak oxygen consumption as well as maximum strength and fat-free mass are in accordance with the results of similar exercise intervention studies.

RECOMMENDATIONS:

Recommendations at this time include that a continuous program involving resistance and/or endurance training shows significant improvements in glucose disposal in young women with normal body weight. This type of training also has a long term effect on preventing the onset of type 2 diabetes, hypertension and cardiovascular disease. Each volunteer who has completed this study has seen significant results in their overall health. It has been recommended to them to continue a similar program on their own to further maintain a healthy lifestyle.

KEY RESEARCH ACCOMPLISHMENTS:

- Women with a BMI <26 but with a body fat percentage 30% are at a higher risk for impaired insulin sensitivity, which will potentially promote an early onset of type 2 diabetes, hypertension, and CVD.
- Young non-obese women with both high percentages of subcutaneous and visceral abdominal fat accumulation are at higher risk for impaired insulin sensitivity.
- Recent data has shown that obesity-related phenotypes are present in apparently healthy, young women with normal body weight.
- Major findings include that resistance and endurance training improve glucose disposal which could prevent the onset of metabolic deterioration, type 2 diabetes, and obesity.
- The volume of physical activity preformed in the present study may be more beneficial in preventing increases in total regional fat with advancing age, rather than promoting fat loss.

REPORTABLE OUTCOMES:

Through the course of working on this project, two papers have been submitted for publication. "Phenotypic Characteristics Associated With Insulin Resistance in Metabolically Obese but Normal Weight Young Women" is located in Appendix I. "Effects of Resistance Training and Endurance Training on Insulin Sensitivity in Non-obese, Young Women: A Controlled Randomized Trial" is located in Appendix II. In addition, a strong database of 89 volunteers has been generated from this study. This database will allow us to compare information in this study with current findings in our line of research. A current copy of this database is located in Appendix III.

This grant has provided the University of Vermont with several employment and research opportunities. The Department of Medicine has developed a strong relationship with Racquet's Edge Health and Fitness Center, which has a direct effect on the community. Racquet's Edge is the leader among fitness clubs in this area and will be a strong link for the University of Vermont research department to the community. Employment opportunities from this project have been significant. Dr. Roman Dvorak has been working on this project since the beginning. It has given him the opportunity to become independent with his own research and complete his post doctoral degree here at the University of Vermont. Moreover, Travis Beckett and Kristen Kinaman have had the opportunity to personal train the volunteers as well as to help coordinate scheduling and assist in research for this project. Sarah Goodrich has also helped in training the volunteers at the Racquet's Edge furthering her career in research.

CONCLUSIONS:

We are very pleased with the progress of this study. We were able to recruit a substantial cohort of young women and the composition of all three groups follow the inclusion criteria as outlined above. Moreover, absence of significant difference among the groups at the pre-testing in age, weight, body mass index and peak oxygen consumption indicates that our randomization procedure works as anticipated. We have been receiving positive feedback from volunteers in the exercise training groups. Furthermore, the analysis of pre-versus post-exercise intervention data has shown that our exercise training intervention induced the anticipated effects with respect to peak oxygen consumption, maximum strength, and fat-free mass. Overall, we conclude that every aspect of the study proceeds as proposed in our original application and that we will complete the project in the anticipated time.

At this time, the recruitment of subjects needed for participation in this study is complete. Our lab is now collecting and analyzing the data related to this project. Data collected from the Doubly Labeled Water is laboratory intensive and requires accuracy and time.

REFERENCES:

- 1. Poehlman, ET, PJ Arciero, MI Goran. Endurance exercise in aging humans: effects on energy metabolism. (Ed) John O Holloszy, Williams and Wilkins, Baltimore, Exercise and Sports Science Reviews: 250-284, 1994.
- 2. Ravussin E, S Lillioja, WC Knowler, L Christin, D Freymond, WGH Abbott, V Boyce, B Howard, C Bogardus. Reduced rate of energy expenditure as a risk factor for body weight gain. N Eng J Med 318: 467-472, 1988.
- 3. Arciero, PJ, MI Goran and E.T. Poehlman. Resting metabolic rate is lower in females than males. J. Appl. Physiol 75: 2514-2520, 1993.
- 4. Gardner AW, ET Poehlman. Physical activity is a significant predictor of body density in women. Am J Clin Nutr 57: 8-14, 1993.
- 5. Goran MI, ET Poehlman. Endurance training does not enhance total energy expenditure in healthy elderly persons. Am J Physiol 263: E950-E957, 1992.
- 6. Kokkinos PF, BF Hurley. Strength training and lipoprotein-lipid profiles. Sports Med 9: 266-272, 1990.
- 7. Campbell WW, MC Crim, VR Young, WJ Evans. Increased energy requirements and body composition changes with resistance training in older adults. Am J Clin Nutr 60: 167-175, 1994.
- 8. Pratley R, B Nicklas, M Rubin, J Miller, A Smith, B Hurley, A Goldberg. Strength training increases resting metabolic rate and norepinephrine levels in healthy 50- to 65-yr old men. J Appl Physiol 76: 133-137, 1994.
- 9. Welle S, KS Nair. Relationship of resting metabolic rate to body composition and protein turnover. Am. J. Physiol. 258: E990-998, 1990.
- 10. Després JP and A Marette. Relation of components of insulin resistance to coronary disease risk. Current Opinion in Lipidology 5: 274-289, 1994.
- 11. Schwartz RS, WP Shuman, V Larson, DC Cain, Gilbert W Fellingham, JC Beard, SE Kahn, JR Stratton, MD Cerqueira, IB Abrass. The effect of intensive endurance exercise training on body fat distribution in young and older men. Metabolism 40: 545-551, 1991.
- 12. Tonino RP. Effect of physical training on the insulin resistance of aging. Am J Physiol 256: E352-356, 1989.
- 13. Houmard JA, C McCulley, LK Roy, RK Bruner, MR McCammon, RG Israel. Effects of exercise training on absolute and relative measurements of regional adiposity. Int J Obesity 18: 243-248, 1994.
- 14. Kirwan JP, WM Kohrt, DM Wojta, RE Bourey, JO Holloszy. Endurance exercise training reduces glucose-stimulated insulin levels in 60- to 70- year old men and women. J Gerontol 48: M84-M90, 1993.

- 15. Khort SM, JP Kirwan, MA Staten, RE Bourey, DS King, JO Holloszy. Insulin resistance in aging is related to abdominal obesity. 42: 273-281, 1993.
- 16. Holloszy JO and HJ Narahara. Studies of tissue permeability. X. Changes in permeability of 3-methyl-glucose associated with contraction of isolated frog muscle. J Biol Chem 240: 3493-3500, 1965.
- 17. Ross R, J Rissanen. Mobilization of visceral and subcutaneous adipose tissue in response to energy restriction and exercise. Am J Clin Nutr 60: 695-703, 1994.
- 18. Craig VW, J Everhart, R Brown. The influence of high-resistance training on glucose tolerance in young and elderly subjects. Mech Ageing Dev 75: 147-157, 1989.
- 19. Smutok MA, C Reece, PF Kokkinos, C Farmer, P Dawson, R Shulman, J DeVane-Bell, P Patterson, C Charabogos, AP Goldberg, BF Hurley. Aerobic versus strength training for risk factor intervention in middle aged-men at high risk for coronary heart disease. Metabolism 42: 177-184, 1993
- 20. Miller, WJ, WM Sherman, JI Ivy. Effect of strength training on glucose tolerance and post-glucose insulin response. Med Sci Sports Exerc 16: 539-543, 1984
- 21. Miller JP, RE Pratley, AP Goldberg, P Gordon, M Rubin, MS Treuth, AS Ryan, BF Hurley. Strength training increases insulin action in healthy 50- to 65-yr old men. J Appl Physiol 77: 1122-1127, 1994.
- 22. Rebuffé-Scrive M, B Andersson, L Olbe, P Bjorntorp. Metabolism of adipose tissue in intraabdominal depots of nonobese men and women. Metabolism 38: 453-458, 1989.
- 23. DeFronzo RA. The triumvirate: B-cell, muscle, liver: a collusion responsible for NIDDM. Diabetes 37: 667-687, 1988.
- 24. Crampes F, M Beauville, D Riviere, M Garrigues. Physical training in humans on response of isolated fat cells to epinephrine. J Appl Physiol 61: 25-29 1986.
- 25. Poehlman ET, A Tremblay, M Marcotte, L Perusse, G Thériault, C Bouchard. Heredity and changes in body composition and adipose tissue metabolism after short-term training. Eur J Appl Physiol 56: 398-402, 1987.
- 26. Poehlman ET, AW Gardner, PJ Arciero, MI Goran, J Calles-Escandon. Effects of endurance training on total fat oxidation in elderly persons. J Appl Physiol 76: 2281-2287, 1994.
- 27. Melby C, S Scholl, G Edwards, R Bullough. Effect of acute resistance exercise on postexercise energy expenditure and resting metabolic rate. J Appl Physiol 75: 1847-1853, 1993.
- 28. Toth MJ, AW Gardner, PJ Arciero, J Calles-Escandon and ET Poehlman. Free fatty acid appearance and fat oxidation in younger and older men. in press, J Appl Physiol
- 29. Calles-Escandon J, PJ Arciero, AW Gardner, C Bauman and ET Poehlman. Basal fat oxidation with aging in women. J Appl Physiol 78: 266-271, 1995.

- 30. Poehlman ET, E Danforth Jr. Endurance training increases metabolic rate and norepinephrine appearance in older individuals. Am J Physiol 261: E233-239, 1991.
- 31. Poehlman ET, AW Gardner, MI Goran. Influence of endurance training on energy intake, norepinephrine kinetics and metabolic rate in older individuals. Metabolism 41: 941-948, 1992.
- 32. Goran MI, ET Poehlman. Total energy expenditure and energy requirements in healthy elderly persons. Metabolism 41: 744-752, 1992.
- 33. Toth MJ, ET Poehlman. Resting metabolic rate and cardiovascular disease risk in resistance and aerobic trained middle-aged women. Int J Obesity 19: 691-698, 1995.
- 34. Smith-Ryan AJ, RE Pratley, AP Goldberg, D Elahi. Increased insulin sensitivity with resistive training is accentuated by weight loss in postmenopausal women. (submitted, J Appl Physiol).
- 35. National Diabetes Data Group. Classification and diagnosis of diabetes mellitus and other categories of glucose intolerance. Diabetes 28: 1039-1057, 1979.
- 36. Cohn M, HC Urey. Oxygen exchange reactions of organic compounds and water. J Am Chem Soc 60: 679-687, 1938
- 37. Kendall C, TB Copelan. Multisample conversion of water to hydrogen by zinc for stable isotope determination. Anal Chem 57: 1437-1440, 1985.
- 38. Schoeller DA, E Ravussin, Y Schutz, KJ Acheson, P Baertschi, E Jéquier. Energy expenditure by doubly labeled water: validation in humans and proposed calculation. Am J Physiol 250:R823-830, 1986.
- 39. Poehlman ET, TL McAuliffe, DR Van Houten, E Danforth E Jr. Influence of age and endurance training on metabolic rate and hormones in healthy men. Am J Physiol 259: E66-E72, 1990
- 40. Weir JB de V. New methods for calculating metabolic rate with special reference to protein metabolism. J Physiol 109: 1-9, 1949.
- 41. Poehlman ET, CL Melby, SF Badylak. Relation of age and physical exercise status on metabolic rate in younger and older healthy men. J Gerontol 46: B54-B58, 1991.
- 42. Poehlman ET. Energy expenditure and requirements in aging humans. J Nutr 122: 2057-2065, 1992.
- 43. Westrate JA. Resting metabolic rate and diet-induced thermogenesis: a methodological appraisal. Am J Clin Nutr 58: 592-601, 1993.
- 44. Sjostrom L, Kvist H, Cederblad A, Tylen U. Determination of total adipose tissue and body fat in women by computed tomography, ⁴⁰K, and tritium. Am J Physiol 250:E736-E745, 1986.

APPENDIX I

Phenotypic Characteristics Associated With Insulin Resistance in Metabolically Obese but Normal-Weight Young Women

Roman V. Dvorak, Walter F. DeNino, Philip A. Ades, and Eric T. Poehlman

Metabolically obese, normal-weight (MONW) individuals are a hypothesized subgroup of the general population. These normal-weight individuals potentially display a cluster of obesity-related features, although this has not been systematically tested in young women. We hypothesized that MONW young women would display higher levels of total and visceral fat and lower levels of physical activity than normal women. In a cohort of 71 healthy nonobese women (21-35 years old), we identified MONW women based on cut points for insulin sensitivity (normal = glucose disposal > 8 mg \cdot min⁻¹ \cdot kg⁻¹ of fatfree mass [FFM], n = 58; impaired = glucose disposal <8 $ml \cdot min^{-1} \cdot kg^{-1}$ of FFM, n = 13). Thereafter, we measured body composition (dual energy X-ray absorptiometry) and body fat distribution (computed tomography), cardiorespiratory fitness (Vo_{2max} on a treadmill), physical activity energy expenditure (doubly labeled water and indirect calorimetry), glucose tolerance (oral glucose tolerance test), serum lipid profile, and dietary intake. We found a higher body fat percentage (32 \pm 6 vs. 27 \pm 6%, P = 0.01) and higher subcutaneous (213 ± 61 vs. 160 \pm 78 cm², P = 0.03) and visceral (44 \pm 16 vs. 35 \pm 14 cm², P < 0.05) abdominal adiposity in the MONW group versus the normal group. The MONW group showed a lower physical activity energy expenditure $(2.66 \pm 0.92 \text{ vs. } 4.39 \text{ m})$ \pm 1.50 MJ/day, P = 0.01), but no difference in cardiorespiratory fitness was noted between groups. In conclusion, despite a normal body weight, a subset of young, apparently healthy women displayed a cluster of risky phenotypic characteristics that, if left untreated, may eventually predispose them to type 2 diabetes and cardiovascular disease. Diabetes 48:2210-2214, 1999

he existence of a subgroup of individuals who have normal body weight but display a cluster of obesity-related phenotypic characteristics was first proposed in the 1980s (1). Since this discussion, an accumulating body of evidence suggests a high

prevalence of these individuals in the general population (2,3). These metabolically obese, normal-weight (MONW) individuals display early signs of insulin resistance, hyperinsulinemia, and dyslipidemia, despite having a normal weight based on traditional criteria (e.g., BMI, height/weight tables, etc.) (2). The presence of these metabolic and cardiovascular disease (CVD) risk factors may go undetected for years because young age. sex, and normal body weight mask the need for early detection and treatment. To our knowledge, however, the existence and prevalence of this syndrome in young women has not been systematically investigated. Moreover, the phenotypic characteristics that may be associated with the MONW syndrome in young women are unknown.

To this end, we identified MONW individuals (characterized by impaired insulin sensitivity) in a representative cohort of young nonobese women. Second, we compared the phenotypic characteristics implicated in the pathogenesis of insulin resistance between MONW and normal women. We hypothesized that MONW women would display higher levels of total and visceral adiposity and lower levels of cardiorespiratory fitness and physical activity than women with normal insulin sensitivity.

RESEARCH DESIGN AND METHODS

Patients. There were 71 young normal-weight women (67 of Caucasian, 2 of Asian, and 2 of Hispanic origin) who participated in the study. The inclusion criteria for participation were I) age 18-35 years, 2) BMI ≤ 26 , 3) weight stable (± 2 kg) over 6 months preceding the study, and 4) no regular participation in exercise for 6 months before the study. Exclusion criteria for participation were I) smoking. 2) acute illness, 3) receiving any medication affecting energy expenditure (e.g., β -blockers), and 4) alcohol consumption >15 g of alcohol/day. The presence or absence of a family history of diabetes was obtained during the physical examination. Because participants in our study were young women (<35 years old), parental age may have limited the detection of type 2 diabetes. Thus, we also considered the presence of type 2 diabetes among grandparents and the siblings of parents as indicators of a positive family history. The use of oral contraceptives was also obtained from the medical history. This study was approved by the Committee for Human Research at the University of Vermont and each participant gave written informed consent before the beginning of the study.

Overview of protocol. Each participant was first invited to a screening visit during which an oral glucose tolerance test (OGTT), medical history, physical examination, maximum oxygen consumption test, and complete blood chemistry and profile were performed. Two weeks later, participants were invited for an overnight visit to the General Clinical Research Center (GCRC) at the University of Vermont. For 3 days before the overnight visit, participants were provided with standardized diets prepared by the metabolic kitchen at the GCRC, containing 55% carbohydrates, 25% fat, and 20% protein. During the afternoon of admission, we administered doubly labeled water and conducted body composition and body fat distribution measurements. The following morning, the hyperinsulinemic-euglycemic clamp was performed. Subjects returned to the GCRC 10 days later to provide the final two urine samples to conclude the doubly labeled water measurement.

From the Divisions of Clinical Pharmacology and Metabolic Research (R.V.D., W.F.D., E.T.P.) and Cardiology (P.A.A.). Department of Medicine. College of Medicine. University of Vermont, Burlington, Vermont.

Address correspondence and reprint requests to Dr. Eric T. Poehlman, Clinical Pharmacology and Metabolic Research Unit, Given C-247, University of Vermont, Burlington, VT 05405, E-mail: epoehlma@zoo.uvm.edu.

Received for publication 22 April 1999 and accepted in revised form 23 September 1999.

CVD. cardiovascular disease: FFM, fat-free mass: GCRC, General Clinical Research Center: MONW, metabolically obese, normal-weight: OGTT, oral glucose tolerance test: PAEE, physical activity energy expenditure: RMR, resting metabolic rate: TEE, total daily energy expenditure.

Measurements

Glucose tolerance. An OGTT was performed in the morning after an overnight fast. A Teflon catheter was placed into an antecubital vein, and baseline samples for the measurement of insulinemia and glycemia were drawn. Thereafter, a standard glucose load (1.33) g/kg of body mass) was given orally (Ensure Plus: Ross Laboratories, Columbus, OH). Samples for repeated measurement of glycemia and insulinemia were then taken 120 min after baseline.

Body composition. We measured body composition by dual energy X-ray absorptiometry (Lunar DPX-L. Madison, WI), as previously described (4). The subjects were instructed to lay supine on a padded table with all metal objects removed. A total body scan takes ~30 min. This method uses a three-compartment model of body composition and provides an estimate of fat mass. fat-free mass (FFM), and bone mineral density. We analyzed all scans by the Lunar DPX-L extended analysis software, version 1.3. The test-retest reproducibility for body fat is 1.7% (six females) in our laboratory.

Body fat distribution. We measured body fat distribution by computed tomography (CT) using a General Electric High Speed Advantage CT Scanner (GE Medical Systems, Milwaukee, WI), as previously suggested by Sjostrom et al. (5) and reported by our laboratory (6). Visceral and subcutaneous abdominal fat accumulation was assessed at the level of L1-L3 intervertebral space. Scan position for the abdominal level was established using a scout view, positioning the scanner within the desired intervertebral space. The scans were 5 mm in thickness and performed at 120 kV and 220 mA. Visceral and subcutaneous adiposity was quantified by delineating the visceral cavity using the trace function and excluding the retroperitoneal area. The boundary was established at the innermost aspects of the abdominal and oblique muscle walls. Subcutaneous adipose tissue was selected as the area remaining between the visceral boundary and the skin. Retroperitoneal fat was excluded from both the subcutaneous and visceral adipose tissue areas. Adipose tissue was selected by the software at an attenuation range of -190 to -30 Hounsfield units. The visceral cavity was assessed using the "mask" function and then the subcutaneous area using the "contour" feature. The same individual analyzed all scans, and the interclass correlation for repeated analysis of 10 scans was 0.99 in 10 women.

Cardiorespiratory fitness. Maximum aerobic capacity (Vo_{2max}) was determined from an incremental exercise test on a treadmill to exhaustion, as previously described (7). After an initial 3-min warm-up, the speed was set so that the heart rate would not exceed 70% of the age-predicted maximum heart rate [220 – age (years)]. Thereafter, the speed was held constant, and the grade was increased by 2.5% every 2 min. The criteria for achieving a Vo_{2max} were I) a respiratory exchange ratio >1.0, \mathcal{Z}) a heart rate at or above the age-predicted maximum, and \mathcal{Z}) no further increase in oxygen consumption with an increasing workload. At least two of these criteria were reached by all volunteers. Test-retest conditions for nine individuals (on two occasions tested 1 week apart) yielded an intraclass correlation of 0.94 and a coefficient of variation of 3.8% in our laboratory.

Physical activity energy expenditure. We used doubly labeled water in combination with indirect calorimetry to measure free-living physical activity energy expenditure (PAEE). Total daily energy expenditure (TEE) was determined over a 10-day period. Each subject was dosed with a 1 g/kg body mass of ²H. ¹⁵O using the method of Schoeller and van Santen (8), as previously described (9). Briefly, a baseline urine sample was collected before dosing. The following morning, two additional urine samples were collected, and two more samples were collected 10 days later. Urine samples were stored frozen in vacutainers at -20°C until analyzed for 'H and 'O enrichments by isotope ratio mass spectrometry. 15O isotopic enrichment was determined from the carbon dioxide (CO₃) equilibration technique, and ²H enrichment was determined by the zinc catalyst method (10). Daily rate of CO2 production (mol/day) was calculated using the equation of Speakman et al. (11): rCO₂ = N/2.196 × (°O*O - °H*H), where N is the total body water pool, ^kO and ^kH are the elimination rates of ¹⁸O and ¹H tracers from the body, and °O and °H are the dilution spaces for 18O and 2H tracers, as recommended by Racette et al. (12). Assuming a respiratory quotient of 0.85 for the food consumed (13), total CO2 production was converted to TEE (kJ/day) using the formula by Weir (14).

Resting metabolic rate (RMR) was determined from 45 min of indirect calorimetry using the ventilated hood technique, as previously described (15). Respiratory gas analysis was performed using a Deltatrac metabolic cart (Sensormedics, Yorba Linda, CA). RMR (kJ/day) was calculated from the equation by Weir (14). Assuming a thermic effect of feeding of 10% (16), total PAEE was then calculated from the equation: PAEE = $\{(\text{TEE} \times 0.90) - \text{RMR}\}$. That is, PAEE represents the energy expenditure accumulated above basal levels, which include volitional and nonvolitional activities. We have previously reported an intraclass correlation of 0.90 and a coefficient of variation of 4.3% for the measurement of RMR in 17 older volunteers from two different occasions tested 1 week apart. *Insulin sensitivity.* We measured insulin sensitivity by the hyperinsulinemic-

euglycemic clamp technique, as proposed by DeFronzo et al. (17). Briefly, a

Teflon catheter was inserted into the antecubital vein for the infusions of insulin

and dextrose. Another Teflon catheter was retrogradely placed into the dorsal vein of the contralateral hand and used for the blood draws during the clamp procedure. This hand was placed in a "hot box" and warmed to 70°C for arternalization of blood. At time 0 min, a continuous infusion of insulin was started at a constant rate of 240 pmol· mif· min ". At the same time, a variable infusion of 20° dextrose was started to maintain fasting glycemia $\pm 5\%$. Blood samples for glucose measurement were taken every 5 minutes for insulin measurements at -30, -10, 0, 30, 60, 70, 90, 105, and 120 min of the clamp. The insulin levels attained during the last 30 min of the clamp (minute 90–120) were $75\pm23~\mu U$ ml (mean \pm SD). Insulin-stimulated glucose disposal rate (M value) was calculated as the average glucose infusion rate (mg/min) during the last 30 min of the 120-min clamp, adjusted for the total distribution volume of glucose (250 ml/kg). Hepatic glucose production has previously been shown to be fully suppressed, with the insulin dose used in our study to induce hyperinsulinemia (18).

Dietary intake. Dietary intake was measured for 3 days (one weekend and two weekdays), as previously described (19). Participants were instructed by a registered dietitian and encouraged to maintain their usual diet. Moreover, they were provided with dietary scales and measuring cups and spoons to further increase precision of obtained data. Diets were analyzed using the Nutritionist III software version 4.0 (N-Squared Computing, Salem, OR).

Blood pressure. Blood pressure was determined during the screening visit at the GCRC using a Dinamap automatic cuff machine (Critikon, Tampa, FL), as previously described (20). Subjects rested in the sitting position for 10 min and then the measurement was taken from their right arm. Appropriate cuff size was selected based on arm circumference.

Biochemical analyses. Plasma glucose concentrations were measured using the glucose oxidase method with an automated glucose analyzer (YSI Instruments, Yellow Springs, OH). Serum insulin was measured by a double antibody radioimmunoassay (Diagnostics Products, Los Angeles, CA). Plasma cholesterol, triglyceride, and HDL cholesterol concentrations were determined from standard enzymatic techniques at the Centers for Disease Control accredited laboratory of the Fletcher Allen Medical Center. Interassay coefficient of variation for the measurement of total and HDL cholesterol was 3.35 and 1.15%, respectively. LDL cholesterol was determined from the equation by Friedewald et al. (21).

Statistical analysis. To identify women classified as having impaired insulin sensitivity, we used a glucose disposal cut-point value of 8.0 mg · min⁻¹ · kg⁻¹ of FFM. based on previous data (22). Women with a glucose disposal rate greater than the cut-point value were classified as having normal insulin sensitivity and those women with values below the cut point as having impaired insulin sensitivity. The rationale for using glucose disposal as the criterion method to categorize individuals as normal or MONW is based on the notion that resistance to insulin-stimulated glucose uptake is suggested as a common pathogenic mechanism for type 2 diabetes, hypertension, and, ultimately, CVD (23,24). Differences in dependent variables between the groups (MONW vs. normal) were examined using an independent t test. Differences between groups in cardiorespiratory fitness were examined using analysis of covariance, with body weight as a covariate (7). Given the unequal sample size between groups, we examined the equality of variances in each variable using Levene's test. When the variances were unequal (HDL cholesterol and glucose disposal adjusted per kilogram of FFM), a P value based on Satterthwaite's (25) approximation for the degrees of freedom was used. A χ^2 test was used to compare the differences between the groups for the family history of diabetes and use of oral contraceptives. All values are reported as means \pm SD. Significance was accepted at P < 0.05. Data were analyzed using the SPSS statistical software (Version 7.5.1, SPSS, Chicago).

RESULTS

Table 1 shows glucose disposal values and anthropometric variables for the normal and MONW groups. By design, the MONW women showed a lower absolute and adjusted (per kilogram of FFM) insulin-stimulated glucose disposal rate. The groups were similar with respect to age, BMI, body mass, FFM, and appendicular fat mass. Women classified as MONW, however, showed a greater total fat mass (P < 0.05), body fat percentage (P = 0.01), truncal fat (P = 0.02), and subcutaneous (P < 0.05) and visceral (P < 0.05) abdominal adiposity than women with normal insulin sensitivity.

We found no differences between groups in cardiorespiratory fitness on an absolute or adjusted basis (Table 2). On the other hand, we found a lower PAEE in the MONW women compared with normal women (P < 0.001, Table 2). No differences between groups were found for systolic or diastolic

TABLE 1 Comparison of glucose disposal and anthropometric variables between women with impaired (MONW) and normal insulin sensitivity

Variable value	MONW	Normal .	P
n	13	58	
Age (years)	29 ± 3	28 ± 4	0.97
Glucose disposal (mg/min)	250 ± 65	444 ± 112	0.001
Glucose disposal (mg · FFM ⁻¹ · min ⁻¹)	6.5 ± 1.7	11.0 ± 2.2	0.001
BMI (kg/m ²)	22.5 ± 2.0	21.5 ± 2.0	0.08
Body mass (kg)	60.1 ± 8.9	58.4 ± 6.9	0.42
FFM (kg)	38.9 ± 5.1	40.3 ± 4.0	0.28
Fat mass (kg)	18.4 ± 5.2	15.3 ± 4.4	0.03
Body fat (%)	31.8 ± 5.9	27.4 ± 5.5	0.01
Appendicular fat (kg)	8.9 ± 2.6	8.0 ± 2.3	0.23
Truncal fat (kg)	8.2 ± 2.6	6.5 ± 2.4	0.02
L ₄ -L ₅ subcutaneous fat area (cm ²)	213 ± 61	160 ± 78	0.03
L ₄ -L ₅ visceral fat area (cm ²)	44 ± 16	35 ± 14	0.046

Data are means \pm SD. To identify women classified as having impaired insulin sensitivity, we used a glucose disposal cut-point value of 8.0 mg \cdot min⁻¹ \cdot kg⁻¹ of FFM, based on the data presented by Beck-Nielsen and Groop (22).

blood pressure, family history of diabetes, or the use of oral contraceptives (Table 2). Furthermore, we found no differences in total energy intake (8.28 vs. 8.32 MJ/day); percent intake of carbohydrate (53 vs. 56%), fat (33 vs. 30%), and protein (13 vs. 14%); and percent fat intake from saturated fat (36 vs. 34%) between the MONW and normal group, respectively.

In Table 3, we present the results of the OGTT and serum lipid profile. The MONW group showed a higher fasting (P = 0.03) and 2-h postload insulin (P < 0.001), 2-h postload glucose (P < 0.01), and total serum cholesterol (P < 0.01) than the normal group. We found no differences between groups in fasting serum glucose, HDL cholesterol, total—to—HDL cholesterol ratio, LDL cholesterol, or fasting triglycerides.

DISCUSSION

To our knowledge, this is the first study to comprehensively examine the phenotypic characteristics associated with the MONW syndrome in young women. Based on our approach,

we found that 18% of our population was classified as having impaired insulin sensitivity, despite having normal body weight and BMI. Furthermore, young MONW women with impaired insulin sensitivity showed a cluster of risky phenotypic characteristics, including low PAEE and increased total and visceral adiposity.

The incidence of obesity and type 2 diabetes is increasing among women (26), which places them at high risk for the development of insulin resistance and associated comorbidities (27). Given that the deleterious consequences of compensatory hyperinsulinemia (i.e., microangiopathy, hypertension, and CVD) are present at the time of diagnosis of overt type 2 diabetes (28), a clear medical need exists to identify markers for early detection of these individuals before the onset of an established disease process.

We classified individuals above and below a glucose disposal cut point of 8 ml · min⁻¹ · kg⁻¹ of FFM. The use of glucose disposal to subdivide young women into normal and MONW groups is based on the notion that a decrease in insulin sensitivity may be a common pathogenic mechanism in the development of type 2 diabetes, hypertension, and CVD (23,24). Although this cut point may be considered somewhat arbitrary, women who were classified as having impaired insulin sensitivity (based on hyperinsulinemiceuglycemic clamp) also displayed an altered response to oral glucose load (Table 2). Furthermore, the chosen cut point was based on previous multicenter data (22) that examined insulin sensitivity data from a large sample of individuals. We were somewhat surprised that 18% (n = 13) was categorized as having impaired insulin sensitivity. This finding supports the hypothesis by Ruderman et al. (2) regarding the relatively high prevalence of individuals with impaired insulin sensitivity in apparently healthy normal-weight individuals. This finding prompted us to examine several obesity-related phenotypic characteristics that have been implicated in the development of impaired insulin sensitivity.

In the present study, we found that women with impaired insulin sensitivity were characterized by a higher body fat percentage and fat mass than women with normal insulin sensitivity, despite no difference in body mass or BMI between groups. This suggests that even small increases in body fatness (2–3 kg) within a normal range of BMI negatively affect insulin sensitivity. Indeed, in our cohort, the incidence of impaired insulin sensitivity reached almost 40% among women with a body fat percentage >30%. Therefore,

TABLE 2 Comparison of cardiorespiratory fitness, PAEE, blood pressure, oral contraceptives, and incidence of family history of diabetes between women with impaired (MONW) and normal insulin sensitivity

Variable	MONW	Normal	P value
n	13	58	
Vo _{2max} (ml/min)	2.228 ± 509	$2,297 \pm 426$	0.61
Adjusted Vo _{2max} (ml/min)*	2.197 ± 396	$2,304 \pm 395$	0.38
PAEE (MJ/day) (n)	$2.66 \pm 0.92 (9)$	4.39 ± 1.50 (41)	0.01
Systolic blood pressure (mmHg)	118 ± 12	118 ± 14	0.99
Diastolic blood pressure (mmHg)	69 ± 8	68 ± 10	0.73
Family history of diabetes (%) (yes/no)	31 (4/9)	32 (14/44)	0.53
Use of oral contraceptives (%) (yes/no)	60 (8/5)	47 (27/31)	0.33

Data are means ± SD or %. *Adjusted for kilogram of body weight, as previously described (7).

TABLE 3 Comparison of OGTT and blood lipid values between women with impaired (MONW) and normal insulin sensitivity

Variable	MONW	Normal	P value
n	13	-58	
Fasting glucose (mmol/l)	4.4 ± 0.4	4.4 ± 0.3	0.80
2-h postload glucose (mmol/l)	5.7 ± 1.1	4.6 ± 1.1	0.003
Fasting insulin (pmol1)	60 ± 20	49 ± 15	0.03
2-h postload insulin (pmol/l)	481 ± 259	281 ± 186	0.001
Total cholesterol (mmol/l)	5.3 ± 0.9	4.5 ± 0.7	0.003
HDL cholesterol (mmol/l)	1.7 ± 0.5	1.5 ± 0.3	0.15
Total-to-HDL cholesterol	3.3 ± 0.9	3.3 ± 0.8	0.91
LDL cholesterol (mmol/l) Triglycerides (mmol/l)	3.1 ± 0.9 2.4 ± 0.7	2.7 ± 0.8 2.4 ± 1.0	$0.14 \\ 0.93$

Data are means ± SD.

we suggest that young women with a BMI <26 but with a body fat percentage >30% are probably at a higher risk for impaired insulin sensitivity and a potentially early onset of type 2 diabetes, hypertension, and CVD. Our findings thus support the notion that BMI is a poor marker to identify women at risk for the development of insulin resistance and associated comorbidities.

The question as to whether body fat topography is "pathogenic" with respect to insulin sensitivity and type 2 diabetes is controversial (29). For example, some investigators found that abdominal subcutaneous adiposity is a stronger predictor of insulin sensitivity than visceral adiposity in middleaged men and women (30) and in pre-menopausal women (31). On the other hand, others (32,33) reported that visceral adiposity is the stronger determinant of insulin sensitivity in obese women. In the present investigation, young women with impaired insulin sensitivity showed significantly higher subcutaneous as well as visceral abdominal fat accumulation than women with normal insulin sensitivity. Despite the fact that the levels of visceral fat accumulation in the MONW group were well below the suggested critical threshold of 130 cm² (34), it is possible that even relatively low levels of visceral adiposity in the presence of higher levels of total body fatness have a deleterious impact on insulin sensitivity. Nonetheless, our findings suggest that in young nonobese women, both subcutaneous and visceral abdominal fat accumulation may be associated with impaired insulin sensitivity.

Physical inactivity (35) and low cardiorespiratory fitness (36) have been implicated as important risk factors in the pathogenesis of type 2 diabetes. We found no differences in cardiorespiratory fitness between groups. This may be because only sedentary women were recruited for the study and thus limited our ability to find differences between the groups. On the other hand, we noted a significantly lower PAEE in the MONW group. To our knowledge, this is the first study that used a direct measurement of PAEE by the doubly labeled water methodology in the examination of risk factors for insulin resistance and CVD in free-living individuals. Previous investigations have reported an inverse relationship between physical activity and incidence of type 2 diabetes (37); however, physical activity levels were only estimated from a self-reported questionnaire, which has been shown to be inaccurate (38). These results suggest that PAEE. and not cardiorespiratory fitness. may be a more important predictor of impaired insulin sensitivity. We would suggest that PAEE probably influences insulin sensitivity and other CVD risk factors primarily through its effects on energy balance and body composition (39). That is, lower levels of PAEE found in the MONW group may favor a positive energy balance, especially because total daily energy intake was similar between the groups. Thus, low levels of PAEE may favor a greater increase in total and central adiposity in susceptible individuals (40).

Despite differences in other phenotypic characteristics between the MONW and normal groups, no differences were found in the total–to–HDL cholesterol ratio, fasting triglycerides, and LDL cholesterol. The cardioprotective effects of estrogen on plasma lipids has been well documented (41). Thus, it is possible that the presence of estrogen in these young women may exert a stronger influence on plasma lipids than differences in physical activity and adiposity.

Our results have clinical implications for the detection and treatment of susceptible individuals for type 2 diabetes and CVD. The phenotypic features associated with impaired insulin sensitivity (increased body adiposity and low levels of physical activity) are generally responsive to lifestyle modifications such as dietary restriction and aerobic exercise training (39,42). Therefore, identification and early treatment of these individuals, particularly at younger ages before metabolic diseases become overt and established, would have a substantial public health value. It needs to be emphasized, however, that our cross-sectional study cannot establish a causative relationship. Further studies using exercise, dietary, or pharmacological interventions are needed to evaluate whether the metabolic profile of MONW individuals can be normalized.

In conclusion, we found that despite a normal body weight, a subset of young, apparently healthy women displayed a cluster of risky phenotypic characteristics that may eventually predispose them to type 2 diabetes and CVD.

ACKNOWLEDGMENTS

This work was supported by the GCRC (RR-00109) from the University of Vermont; a fellowship from the American Heart Association, Maine/New Hampshire/Vermont Affiliate (to R.V.D.); grant no. R01-AG15114 (to P.A.A.); and a grant from the Department of Defense (DE 950226) (to E.T.P.).

We would like to extend our gratitude to all participants in this study. Furthermore, the expert technical help of the staff at the GCRC is greatly appreciated. We would also like to thank Denise DeFalco-McGeein, RNC, NP, for help with physical examinations of patients. Appreciation is also extended to Ethan A.H. Sims, MD, for thoughtful discussions on this topic.

REFERENCES

- Ruderman NB, Schneider SH, Berchtold P: The "metabolically-obese," normalweight individual. Am. J Clin Nutr 34:1617-1621, 1981
- Ruderman N, Chisholm D, Pi-Sunyer X, Schneider S: The metabolically obese, normal-weight individual revisited. *Diabetes* 47:699–713, 1998
- Hollenbeck C, Reaven GM: Variations in insulin-stimulated glucose uptake in healthy individuals with normal glucose tolerance. J Clin Endocrinol Metab 64:1169–1173, 1987
- Dvorak RV, Poehlman ET: Appendicular skeletal muscle mass, physical activity, and cognitive status in patients with Alzheimer's disease. Neurology 51:1386-1390, 1998
- 5. Sjostrom L, Kvist H, Cederblad A, Tylen U: Determination of total adipose tis-

- sue and body fat in women by computed tomography, 40K, and tritium. $Am\ J\ Physiol\ 250:E736-E745,\ 1986$
- Garcia-Rubi E, Starling RD, Tchernof A, Matthews DE, Walston JD, Shuldiner AR, Silver K, Poehlman ET, Calles-Escandon J: Trp⁶⁴Arg variant of the β₃adrenoceptor and insulin resistance in obese postmenopausal women. J Clin Endocrinol Metab 83:4002–4006, 1999
- Toth MJ, Goran MI, Ades PA, Howard DB, Poehlman ET: Examination of data normalization procedures for expressing peak VO₂ data. J Appl Physiol 93:2288–2292, 1993
- Schoeller DA, van Santen E: Measurement of energy expenditure in humans by doubly labeled water method. J Appl Physiol 53:955–959, 1982
- Poehlman ET, Toth MJ, Goran MI. Carpenter WH, Newhouse P, Rosen CJ: Daily energy expenditure in free-living non-institutionalized Alzheimer's patients: a doubly labeled water study. Neurology 48:997–1002, 1997
- Wong WW. Lee LS. Klein PD: Deuterium and oxygen-18 measurement on microliter samples of urine. plasma, saliva, and human milk. Am J Clin Nutr 45:905–913, 1987
- Speakman JR. Nair KS, Goran MI: Revised equation for calculating CO₂ production from doubly labeled water in humans. Am J Physiol 264:E912–E917, 1993
- 12. Racette SB. Schoeller DA, Luke AH, Shay K, Hnilicka J, Kushner RF: Relative dilution spaces of $^{2}{\rm H}$ to ${\rm O_{1S}}$ labeled water in humans. Am J Physiol 267:E585–E590, 1994
- Black AE. Prentice AM. Coward WA: Use of food quotients to predict respiratory quotients for the doubly-labelled water method of measuring energy expenditure. Hum Nutr Clin Nutr 40:381–391, 1986
- Weir JB: New methods for calculating metabolic rate with special reference to protein metabolism. J Physiol Lond 109:1-9, 1949
- Donaldson KE, Carpenter WH, Toth MJ, Goran MI, Newhouse P, Poehlman ET: No evidence for a higher resting metabolic rate in noninstitutionalized Alzheimer's disease patients. J Am Gev Soc 44:1232–1234, 1996
- Poehlman ET. Melby CL. Badylak SF: Relation of age and physical exercise status on metabolic rate in younger and older healthy men. J Geront 46:B54-B58, 1991
- DeFronzo RA. Tobin JD. Andres R: Glucose clamp technique: a method for quantifying insulin secretion and resistance. Am J Physiol 237:E214–E233, 1979
- DeFronzo RA: Glucose intolerance and aging: evidence for tissue insensitivity to insulin. *Diabetes* 28:1095–1101, 1979
- Poehlman ET. Viers HF. Detzer M: Influence of physical activity and dietary restraint on resting energy expenditure in young nonobese females. Can J Physiol Pharmacol 69:320–326, 1991
- Webb GD, Toth MJ. Poehlman ET: Influence of physiological factors on the agerelated increase in blood pressure in healthy men. Exp Gerontol 31:341–350, 1996
- Friedewald WT. Levy RI. Fredrickson DS: Estimation of the concentration of low-density lipoprotein cholesterol in plasma, without use of the preparative ultracentrifuge. Clin Chem 18:499–502, 1972
- Beck-Nielsen H. Groop LC: Metabolic and genetic characterization of prediabetic states: sequence of events leading to non-insulin-dependent diabetes mellitus. J Clin Invest 94:1714–1721, 1994
- 23. Zavaroni I. Bonora E. Pagliara M. Dall'Aglio E, Luchetti L. Buonanno. Bonati PA. Bergonzani M. Gnudi L. Passeri M: Risk factors for coronary artery disease in healthy persons with hyperinsulinemia and normal glucose tolerance. N Engl J Med 320:702-706, 1989
- 24. Reaven GM. Lithell H. Landsberg L. Hypertension and associated metabolic abnormalities: the role of insulin resistance and the sympathoadrenal system.

- N Engl J Med 334:374-381, 1996
- Satterthwaite FW: An approximate distribution of estimates of variance components. Biometrics Bulletin 2:110–114, 1946
- Kuczmarski RJ, Flegal KM, Campbell SM, Johnson CL: Increasing prevalence of overweight among US adults: the National Health and Nutrition Examination Surveys, 1960 to 1991. JAMA 272:205–211, 1994
- 27. The Expert Committee on the Diagnosis and Classification of Diabetes Mellitus: Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care* 22:S5–S19, 1999
- Uusitupa MI, Niskanen LK, Siitonen O, Voutilainen E, Pyorala K: 5-year incidence of atherosclerotic vascular disease in relation to general risk factors, insulin level, and abnormalities in lipoprotein composition in non-insulindependent diabetic and nondiabetic subjects. Circulation 82:27–36, 1990
- Seidell JC. Bouchard C: Visceral fat in relation to health: is it a major culprit of simply an innocent bystander? Int J Obes 21:626–631, 1997
- Goodpaster BH, Thaete FL, Simoneau JA, Kelley DE: Subcutaneous abdominal fat and thigh muscle composition predict insulin sensitivity independently of visceral fat. *Diabetes* 46:1579–1585, 1997
- 31. Bonora E. Del Prato S. Bonadonna RC. Gulli G. Solini A. Shank ML. Ghiatas AA. Lancaster JL. Kilcoyne RF, Alyassin AM: Total body fat content and fat topography are associated differently with in vivo glucose metabolism in nonobese and obese nondiabetic women. *Diabetes* 41:1151–1159, 1992
- 32. Carey DG, Jenkins AB, Campbell LV, Freund J. Chisholm DJ: Abdominal fat and insulin resistance in normal and overweight women: direct measurements reveal a strong relationship in subjects at both low and high risk of NIDDM. *Diabetes* 45:633–638, 1996
- Ross R, Fortier L. Hudson R: Separate associations between visceral and subcutaneous adipose tissue distribution. insulin and glucose levels in obese women. *Diabetes Care* 96:1404–1411, 1996
- 34. Despres JP, Lamarche B: Effects of diet and physical activity on adiposity and body fat distribution: implications for the prevention of cardiovascular disease. Nutr Res Rev 6:137–159, 1993
- American Diabetes Association: Screening for type 2 diabetes (Position Statement). Diabetes Care 22 (Suppl. 1):S20–S23, 1999
- Nyholm B, Mengel A, Nielsen S, Skjaerbaek C, Moller N, Alberti KG, Schmitz
 O: Insulin resistance in relatives of NIDDM patients: the role of physical fitness and muscle metabolism. *Diabetologia* 39:813–822, 1996
- Helmrich SP, Ragland DR, Leung RW, Paffenbarger RS Jr. Physical activity and reduced occurrence of non-insulin-dependent diabetes mellitus. N Engl J Med 325:147–152, 1991
- Starling RD, Matthews DE, Ades PA, Poehlman ET: Assessment of physical activity in older individuals: a doubly labeled water study. J Appl Physiol 86:2090–2096, 1999
- Katzel LI, Bleecker ER, Colman EG, Rogus EM, Sorkin JD, Goldberg AP: Effects of weight loss vs aerobic exercise training on risk factors for coronary disease in healthy, obese, middle-aged and older men: a randomized controlled trial. JAMA 274:1915–1921, 1995
- 40. Poehlman ET, Toth MJ, Bunyard LB, Gardner AW, Donaldson KE, Colman E, Fonong T, Ades PA: Physiological predictors of increasing total and central adiposity in aging men and women. Arch Intern Med 155:2443–2448, 1995
- Mendelsohn ME, Karas RH: The protective effect of estrogen on the cardiovascular system. N Engl J Med 340:1801–1811, 1999
- 42. Bogardus C. Ravussin E, Robbins DC, Wolfe RR, Horton ES, Sims EA: Effects of physical training and diet therapy on carbohydrate metabolism in patients with glucose intolerance and non-insulin-dependent diabetes mellitus. *Diabetes* 33:311–318, 1984

APPENDIX II

Effects of Resistance Training and Endurance Training on Insulin Sensitivity in Nonobese, Young Women: A Controlled Randomized Trial*

ERIC T. POEHLMAN, ROMAN V. DVORAK, WALTER F. DENINO, MARTIN BROCHU, AND PHILIP A. ADES

Divisions of Clinical Pharmacology and Metabolic Research and Cardiology, Department of Medicine, University of Vermont College of Medicine, Burlington, Vermont 05405

ABSTRACT

We examined the effects of a 6-month randomized program of endurance training (n = 14), resistance training (n = 17), or control conditions (n = 20) on insulin sensitivity in nonobese, younger women (18–35 yr). To examine the possible mechanism(s) related to alterations in insulin sensitivity, we measured body composition, regional adiposity, and skeletal muscle characteristics with computed tomography. We observed no changes in total body fat, sc abdominal adipose tissue, or visceral adipose tissue with endurance or resistance training. Insulin sensitivity, however, increased with endurance training (pre, 421 \pm 107: post, 490 \pm 133 mg/min; P<0.05) and resistance training (pre, 382 \pm 87: post, 417 \pm 89 mg/min; P=0.06). When the glucose disposal rate was expressed per kg fat-free mass (FFM), the improved insulin sensitivity persisted in endurance-trained (pre, 10.5 \pm 2.7; post, 12.1 \pm 3.3 mg/min·kg FFM; P<0.05), but not in resistance-trained (pre, 9.7 \pm 1.9; post, 10.2 \pm 1.8 mg/min·kg FFM;

P = NS) women. Muscle attenuation ratios increased (P < 0.05) in both endurance- and resistance-trained individuals, but this was not related to changes in insulin sensitivity. Moreover, the change in insulin sensitivity was not related to the increased maximum aerobic capacity in endurance-trained women (r = 0.24; P = NS). We suggest that both endurance and resistance training improve glucose disposal, although by different mechanisms, in young women. An increase in the amount of FFM from resistance training contributes to increased glucose disposal probably from a mass effect, without altering the intrinsic capacity of the muscle to respond to insulin. On the other hand, endurance training enhances glucose disposal independent of changes in FFM or maximum aerobic capacity, suggestive of an intrinsic change in the muscle to metabolize glucose. We conclude that enhanced glucose uptake after physical training in young women occurs with and without changes in FFM and body composition. (J Clin Endocrinol Metab 85: 2463-2468, 2000)

A EROBIC EXERCISE training can improve insulin sensitivity (1–4), whereas the role of resistance training to improve the metabolic profile has received less attention. As isometric contractions produce insulin-like effects on glucose uptake in isolated skeletal muscle (5), and skeletal muscle is the primary site of glucose disposal at euglycemia, it is reasonable to hypothesize that increasing skeletal muscle mass may be an effective intervention to improve insulin sensitivity. There is little information on the effects of resistance training on glucose disposal using clamp methodology in a controlled, randomized design. Moreover, investigators have tended to rely on nonrandomized studies and the use of oral glucose tolerance tests to estimate insulin sensitivity (6–9).

To our knowledge, no study has directly compared the effects of endurance vs. resistance training on insulin sensitivity using clamp methodology in women. This area of investigation is important because recent data show that despite having a normal body weight, a subset of young

women show a cluster of metabolic abnormalities that would predispose them to type 2 diabetes and related comorbidities if left untreated (10). The incidence of obesity and type 2 diabetes is increasing among women (11), which places them at high risk for the development of insulin resistance and associated comorbidities (12, 13). Clearly, preventive public health measures to prevent deterioration of the metabolic profile of younger women are needed before disease processes become established.

To address this topic, we directly compared the effects of resistance training and aerobic training on insulin sensitivity using a controlled randomized trial. Moreover, to examine potential mechanism(s) regulating training effects on insulin sensitivity, we measured changes in body composition, visceral fat, and skeletal muscle density using radiological imaging techniques, as changes in these variables are thought to be related to altered glucose disposal (14–18). We hypothesized that endurance training would increase insulin sensitivity to a greater degree than resistance training in young women, and these changes would be associated with greater reductions in intraabdominal fat and increased skeletal muscle density.

Subjects and Methods

For inclusion in the study, subjects were required to be premenopausal and between 18-35 yr of age with a body mass index less than 26. In addition, subjects had to be weight stable (± 2 kg) and to have had no regular participation in exercise for 6 months before the study. Exclusion criteria included a history or evidence on physical examination

Received October 14, 1999. Revision received December 29, 1999. Rerevision received April 10, 2000. Accepted April 10, 2000.

Address all correspondence and requests for reprints to: Dr. Eric T. Poehlman, Department of Medicine, Given C-247, University of Vermont, Burlington, Vermont 05405. E-mail: epoehlman@zoo.uvm.edu.

^{*} This work was supported by a grant from the Department of Defense (DE-950226, to E.T.P.), a postdoctoral fellowship from the American Heart Association, Maine/New Hampshire/Vermont affiliate (to R.V.D.), a grant from the Medical Research Council of Canada (to M.B.), and General Clinical Research Center Grant RR-109.

or testing of the following: 1) diabetes, 2) orthopedic limitations or history of pathological fractures, 3) hypertension (>160/90 mm Hg), 4) use of prescription or over the counter medications that could affect glucose metabolism (including insulin and oral hypoglycemic agents), 5) smoking, or 6) alcohol consumption of more than 15 g alcohol/day. An oral glucose tolerance test was performed in all volunteers to determine glucose tolerance according to the criteria of the National Diabetes Group (12) to exclude diabetics. This study was approved by the committee for human research at the University of Vermont, and each participant gave written informed consent before the beginning of the study.

Overview of experimental protocol

Subjects were recruited from local newspaper advertisements in the Burlington, VT, and the University of Vermont community. After determination of eligibility by telephone, volunteers were scheduled for the first screening visit. On the screening visit, an oral glucose tolerance test, medical history, physical examination, maximum oxygen consumption test, and complete blood chemistry and profile were performed. Two weeks later, participants were scheduled for an overnight visit to the General Clinical Research Center at the University of Vermont. For 3 days before the overnight visit, participants were provided with standardized diets prepared by the metabolic kitchen at the General Clinical Research Center containing 55% carbohydrate, 25% fat, and 20% protein. During the afternoon of admission, we conducted body composition and body fat distribution measurements using dual energy x-ray absorptiometry and computed tomography. The following morning, the hyperinsulinemic-euglycemic clamp was performed. After successful completion of this testing sequence, volunteers were randomly assigned to the endurance exercise, resistance exercise, or control group. An identical posttesting sequence was performed, and these tests were performed 4 ± 1 days after the last exercise session.

Recruiting and screening

Based on our advertisements, 321 women were interviewed by telephone. Of these 321 women, 105 women consented to participate in screening procedures. Of these 105 women, 78 were deemed eligible and consented to participate in pretraining testing procedures. Of these 78 women, 74 were Caucasian, 2 were of Asian descent, and 2 were of Hispanic origin. They were randomized to either endurance training, resistance training, or control conditions after completion of physiological testing.

Exercise training programs

All workouts were preceded by a 10-min warm-up, which consisted of stretching of the major muscle groups and slow walking around the track. All women were taught to monitor their heart rates (HR). HRs were verified with a Polar Heart Rate monitor (Polar Electro, Port Washington, NY). The endurance-training program consisted of two parts: 1) weeks 1–16 were an endurance base-training phase; and 2) weeks 17–28 were an interval-recovery phase. Women trained on 3 nonconsecutive days/week for 6 months (28 weeks) under the supervision of a personal trainer.

The endurance base training consisted of four phases. The first phase (first 4 weeks) began with an exercise prescription of 25 min of slow jogging. Thereafter, the aerobic training program of each 4-week phase increased by 5 min. By the fourth phase (i.e. 16 weeks), women were jogging for approximately 40 min. Within the phases, the exercise intensity was increased by 5° of maximum HR (HR max) each week, so that by the end of the fourth week of the fourth phase, the training was 40 min at 90° of HR max.

The second part (weeks 16–28) of the endurance training program used interval training sessions. Women followed a detailed program of specific workouts aimed at increasing exercise duration and intensity. The interval sessions consisted of 45 min of 80% HR max training on Monday, four 5-min periods at 95% HR maximum with 3-min rests on Wednesday, and 45 min at 75-80% of HR max on Friday. By the final week of training, women successfully completed 60-min sessions at 85% of HR max.

Women randomized to resistance training exercised on 3 noncon-

secutive days during the week (e.g. Monday, Wednesday, and Friday) under the supervision of a personal trainer. Because of the need for test specificity, one repetition maximum (1-RM) evaluation of certain exercises used in the training program provided the most direct evaluation of the training gains made over the 6-month period. The 1-RM is defined as the maximum amount of resistance that can be moved through the full range of motion of an exercise for no more than one repetition. To determine the 1-RM, each subject initially performed three to five repetitions with the lightest weight possible to assure that proper technique was used. The trainer then selected a weight and asked the subject to perform the lift. After 3-4 min of rest, the next heaviest weight was selected, and the attempt was repeated until the subject could not complete the full lift. The same number of trials, time between trials, and order of exercises were used before and after training for the 1-RM test. Tests were administered before the start of the training program, midway through the program, and after the exercise program. The following exercises were evaluated for 1-RMs: leg press, bench press, military press, and seated rows.

Training was approximately 80% of 1-RM. Each training session included a warm-up of low intensity cycling for 5 min, followed by 10 min of static stretching of all of the major muscle groups used in training. Each exercise session was individually monitored for optimal progression by two trainers. The resistance program consisted of the following exercises: 1) leg press, 2) bench press, 3) leg extensions, 4) shoulder press, 5) sit-ups, 6) seated rows, 7) tricep extensions, 8) arm curls, and 9) leg curls. The exercises provided a total body resistance training program for all of the major muscle groups of the body. The volunteer was given a target load range and attempted to keep each set (n = 3) within the target range by adjusting the load to allow the prescribed number (n = 10) of repetitions. Resting periods were 1–1.5 min between sets.

During the conduct of the training programs, 28 women dropped out of the study, yielding a dropout rate of 36%. The reasons for dropouts included 1) noncompliance with training (n = 18), 2) relocation (n = 3), 3) injury related to endurance training (n = 3), 4) refused posttesting (n = 2), 5) health problems not related to training (n = 1), and 6) pregnancy (n = 1). Thus, 51 women (17 resistance, 14 endurance, and 20 control) satisfactorily completed all pre- and posttesting procedures and the 6-month training program. The exercising women successfully completed 90% of all exercise-training sessions. Oral contraceptive use was 47% in resistance-trained women (8 of 17), 50% in endurance-trained women (7 of 14), and 50% in controls (10 of 20).

Body composition and adipose tissue distribution

Fat mass and fat-free mass (FFM) were measured by dual energy x-ray absorptiometry using a DPX-L densitometer (Lunar Corp., Madison, WI) as previously described (19). All scans were analyzed using the Lunar Corp. version 1.3 DPX-L extended analysis program for body composition. The test-retest coefficient of variation for this measurement was 1.2% for fat mass and 2% for FFM, respectively.

Visceral and sc adipose tissue areas were measured by computed tomography with a GE High Speed Advantage CT scanner (General Electric Medical Systems, Milwaukee, WI) as previously described (19). Subjects were examined in the supine position with both arms stretched above the head. The scan was performed at the L4-L5 vertebrae level using a scout image of the body to establish the precise scanning position. Visceral adipose tissue area was quantified by delineating the intraabdominal cavity at the internal most aspect of the abdominal and oblique muscle walls surrounding the cavity and the posterior aspect of the vertebral body with the computer interface of the scanner. Adipose tissue was highlighted and computed using an attenuation range from -190 to -30 Hounsfield units (HU) (20). The sc adipose tissue area was quantified by highlighting adipose tissue located between the skin and the external-most aspect of the abdominal muscle wall. The same individual analyzed all scans, and the intraclass correlation for repeated analysis of 10 scans was 0.99 in 10 women. Computed tomography was also used to measure cross-sectional areas of midthigh muscle and adipose tissue and to characterize muscle attenuation. With the subject supine, a 5-mm cross-sectional scan of both legs was obtained, located at the midpoint between the anterior iliac crest and the top of the patella. In image analysis, areas of adipose tissue and skeletal muscle were measured by selecting the following region of interest defined by attenuation values: -190 to -30 HU for adipose tissue and 0-100 HU for muscle.

Cardiorespiratory fitness

Maximum aerobic capacity $(VO_{2,m,n})$ was determined from an incremental exercise test on a treadmill to volitional exhaustion, as previously described (21, 22). After an initial 3-min warm-up, the speed was held constant, and the grade was increased by 2.5% every 2 min. The criteria for achieving a $VO_{2,m,n}$ were 1) a respiratory exchange ratio greater than 1.0, 2) a HR at or above the age-predicted maximum, and 3) no further increase in oxygen consumption with an increasing workload. At least two of these criteria were met by all volunteers. Test-retest conditions for nine individuals (on two occasions, tested 1 week apart) yielded an intraclass correlation of 0.94 and a coefficient of variation of 3.8% in our laboratory.

Insulin sensitivity

We measured insulin sensitivity by the hyperinsulinemic-euglycemic clamp technique as described by DeFronzo et al. (23) and as previously reported in our laboratory (10, 24). Briefly, a Teflon catheter was inserted into the antecubital vein for the infusions of insulin and dextrose. Another Teflon catheter was retrogradely placed into the dorsal vein of the contralateral hand and used for the blood draws during the clamp procedure. This hand was placed in a hot box and warmed to 50 C for arterialization of blood. At 0 min, a continuous infusion of insulin was started at a constant rate of 40 mU/m² body surface area min. At the same time, a variable infusion of 20% dextrose was started to maintain fasting glycemia at $\pm 5\%$ (80 ± 4.4 mg/dL in endurance-trained women, $80 \pm 6.4 \text{ mg/dL}$ in resistance-trained women, and $81 \pm 6.2 \text{ mg/dL}$ in controls). Blood samples for glucose measurement were taken every 5 min for insulin measurement at -30, -10, 0, 30, 60, 70, 90, 105, and 120min of the clamp. The insulin levels attained during the last 30 min of the clamp (90-120 min) before training were 75 \pm 23 μ U/mL in endurance-trained women 74 \pm 21 μ U/mL in resistance-trained women, and 76 \pm 20 μ U/mL in controls (P = NS). After training, insulin levels were 76 \pm 28 μ U/mL in endurance-trained women, 72 \pm 22 μ U/mL in resistance-trained women, and 75 \pm 23 μ U/mL in controls (mean \pm 5D). The insulin-stimulated glucose disposal rate (M-value) was calculated as the average glucose infusion rate (milligrams per min) during the last 30 min of the 120-min clamp. Hepatic glucose production has previously been shown to be fully suppressed with the insulin dose used in our study to induce hyperinsulinemia (25).

Biochemical analyses

Plasma glucose concentrations were measured using the glucose oxidase method with an automated glucose analyzer (YSI, Inc., Yellow Springs, OH). Serum insulin was measured by a double antibody RIA (Diagnostics Products, Los Angeles, CA). The coefficient of variation for glucose measurement using the glucose oxidase method is less than 1.9%. The coefficient of variation for serum insulin measurement by the doubly antibody RIA method is less than 5%.

Statistical analysis

Differences in physical characteristics among groups at baseline were examined using a one-way ANOVA. A 2×3 repeated measures ANOVA was used to detect changes with time within the treatment condition (pre/post) and among groups (endurance its, resistance its, control). The repeated measures factor was the repeated tests during the exercise programs. Pearson product-moment correlation coefficients were used to examine the association between variables. Significance was accepted at P < 0.05.

Results

Table 1 shows physical characteristics for endurance-training, resistance-training, and control subjects before and after training. There were no differences among the three groups in baseline physical characteristics, suggesting a successful randomization. As expected, endurance-trained individuals increased their absolute VO_2 max by 29% (P < 0.01), whereas no changes were noted in resistance-trained and control subjects. Similar results were obtained when VO2max data were expressed per kg BW. Body weight and body mass index increased in resistance-trained individuals (both P < 0.05) relative to those in the other two groups. Fat mass, as measured by dual energy x-ray absorptiometry, showed no change in endurancetrained, resistance-trained, or control women. FFM showed no change in endurance-trained women or controls, but increased in resistance-trained women (2 kg; P < 0.001). As expected, resistance-trained individuals increased their 1-RM for leg press (29%), bench press (39%), military press (29%), and seated rows (27%; data not shown in table form). There was no increase in VO₂ max in the resistance-trained group, and there was no change in strength in the endurance-trained group.

Figure 1 shows pre- and posttraining values for absolute values of insulin sensitivity and indexed per kg FFM. Insulin sensitivity increased in both endurance-trained (pre, 421 \pm 107; post, 490 \pm 133 mg/min; P < 0.05) and resistance-trained (pre, 382 \pm 87; post, 417 \pm 89 mg/min; P = 0.06) women, with no change in controls (pre, 470 \pm 139; post, 480 \pm 168 mg/min). When data were expressed per kg FFM, the improvement in glucose disposal persisted in endurance-trained women (pre, 10.5 \pm 2.7; post, 12.1 \pm 3.3 mg/kg FFM·min; P < 0.05), whereas no significant change was noted in resistance-trained (pre, 9.7 \pm 1.9; 10.2 \pm 1.8 mg/kg FFM·min) and controls (pre, 11.4 \pm 2.8; post, 11.8 \pm 3.5 mg/kg FFM·min). The improvement in VO₂ max was not related (r = 0.02; P =

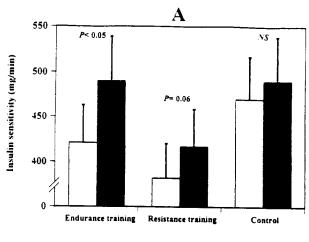
TABLE 1. Changes in characteristics of younger women before and after training

Physical characteristic	Endurance tra	Endurance training (n = 14) Resistance training (n = 17) Control		Resistance training (n = 17)		l (n = 20)	
	Pre	Post	Pre	Post	Pre	Post	
Age (yr)	29 ± 5		28 ± 3		28 ± 4		
VO _{2max} (L/min)	2.1 ± 0.5	2.7 ± 0.5^a	2.1 ± 0.4	2.2 ± 0.3	2.2 ± 0.5	2.3 ± 0.4	
Ht (cm)	163 ± 5		164 ± 7		165 ± 7		
BW (kg)	59 ± 5	59 ± 5	58 ± 6	60 ± 6^{b}	60 ± 7	61 ± 8	
BMI (kg/m²	22 ± 2	22 ± 2	22 ± 2	23 ± 2^b	22 ± 2	22 ± 2	
DEXA measures							
Fat mass (kg)	16 ± 5	15 ± 4	16 ± 4	17 ± 4	17 ± 6	17 ± 6	
Fat-Free mass (kg)	40 ± 4	40 ± 4	39 ± 4	41 ± 3^{a}	39 ± 4	40 ± 3	

Values are the means ± SD. BMI, Body mass index; Pre/Post, 6 months of endurance or resistance training.

 $^{^{\}alpha}$ P < 0.001.

^b P < 0.05.



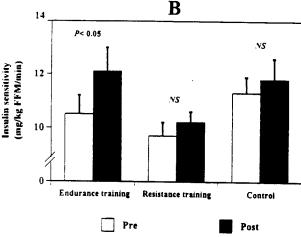


Fig. 1. Changes in insulin sensitivity before and after endurance training and resistance training and in control conditions. A, Values expressed on an absolute basis; B, values indexed per kg FFM. Values are the mean \pm SE. *, P < 0.05.

NS) to increased insulin sensitivity in the endurance-trained group.

Table 2 shows changes in abdominal adiposity, thigh adipose content, and lean tissue content before and after training. As expected for nonobese young women, baseline areas of sc adipose tissue and visceral adipose tissue were low. No significant changes were noted in sc or visceral adipose tissue in any group, as measured by computed tomography. Skeletal muscle characteristics, as estimated from computed tomography, are also shown in Table 2. We estimated quantities of midthigh fat area, thigh muscle area, and muscle attenuation values because of their reported relationship to insulin sensitivity (14, 15). Midthigh fat and muscle areas did not change in response to endurance or resistance training. On the other hand, we noted an altered composition in computed tomographic imaging in terms of higher mean attenuation values (HU) for both endurance-trained (P < 0.05) and resistance-trained (P < 0.001) individuals, suggesting a reduction in skeletal muscle lipid content. Changes in muscle attenuation in endurance-trained and resistance-trained individuals, however, were not related (r = 0.24; P = NS) to improved insulin sensitivity.

Discussion

Insulin resistance is linked with physical inactivity, increased visceral fat, and alterations in skeletal muscle characteristics. Moreover, we have shown the presence of these obesity-related phenotypes even in normal weight, apparently healthy, young women (10). Thus, interventions to improve or prevent the deterioration of the metabolic profile in this population have significant public health interest. The major findings are that both endurance and resistance training improve glucose disposal in young women, although by different mechanisms. An increase in the quantity of FFM from resistance training contributes to increased glucose disposal, probably from a mass effect, without altering the intrinsic capacity of the muscle to respond to insulin. On the other hand, endurance training enhances glucose disposal independent of changes in FFM, fat mass, or VO2 max, suggestive of an intrinsic change in the ability of the muscle to metabolize glucose.

Our experimental and methodological approaches lend credibility to our findings. Volunteers were randomly assigned to treatment conditions to control for known and unknown sources of experimental bias and subject self-selection. Moreover, the use of a control group decreases the influence of a placebo effect, and the application of eugly-cemic/hyperinsulinemic clamps and radiological imaging techniques provide direct measures of insulin sensitivity, body composition, and regional fat.

We originally hypothesized that endurance training would improve insulin sensitivity to a greater degree than resistance training due to a greater reduction in total fat and visceral fat. The physiological basis underlying our hypothesis is derived from several lines of evidence. First, endurance training may preferentially reduce visceral fat (26). Second, lower levels of visceral fat are associated with higher levels of insulin sensitivity and an improved metabolic profile (14-17, 27, 28). This hypothesis, however, was only partially supported by our findings in the present investigation. That is, endurance training improved insulin sensitivity to a greater degree than resistance training when expressed on an absolute basis or indexed per kg FFM. However, no change in total body fat, intraabdominal fat, or sc abdominal fat was found in endurance-trained women. Although it has been suggested that exercise training leading to a reduction in body fat is a prerequisite to improve glucose disposal (29), our findings as well as others (30) refute this assertion. Our results suggest that a vigorous program of endurance training improves glucose disposal independent of a reduction in total and regional body fat in nonobese young women.

It is possible that the volume of endurance exercise used in this study was inadequate to significantly modify total or regional body fat in young women who are not restricting energy intake. Indeed, it is possible that increased energy expenditure is compensated for by a greater energy intake, thus blunting any detectable change in total or regional body fatness (31, 32). Another potential reason underlying the absence of changes in body fatness is the potential of a ceiling effect. That is, it is difficult to reduce total or visceral fat in young women whose baseline levels are already low. This concept is supported by the findings of Wilmore and colleagues (33). They found only a small

TABLE 2. Changes in abdominal adiposity, thigh adipose, and lean tissue content in younger women before and after training

Dh	Endurance tra	nining (n = 14)	Resistance tra	uning (n = 17)	Control	n = 20·
Physical characteristic	Pre	Post	Pre	Post	Pre	Post
CT scan measures						
SAT area · L4-L5, cm ² ;	194 = 56	193 ± 80	186 = 74	186 = 85	147 = 66	210 = 93
VAT area (L4-L5, cm ²)	40 = 11	41 = 13	36 = 17	36 ± 13	36 ± 13	41 = 1
Thigh fat area cm ²	98 ± 34	90 = 24	108 ± 32	102 ± 38	98 ± 29	101 ± 3
Thigh muscle area cm ² :	108 ± 11	114 = 14	109 = 19	115 = 16	119 = 16	113 = 1
Muscle attenuation (HU)	49 = 3	$51 = 1^a$	50 ± 2	$52 \pm 1^{\circ}$	48 = 2	48 = 2

Values are the means = SD.

reduction in intraabdominal fat (-3.1 ± 0.7 cm²; mean \pm sE) in 299 overweight young women after an endurance training program similar to the one conducted in this investigation. This small decrement in intraabdominal fat, compared to the absence of changes in our study, probably reflects their greater baseline intraabdominal values in their overweight cohort (67 ± 45 cm²) compared to our nonobese women (40 ± 11 cm²). Unfortunately, no measure of insulin sensitivity was reported in their investigation, thus rendering the effects of a reduction in intraabdominal fat on insulin sensitivity unknown. It is likely that the volume of physical activity performed in the present study may be more beneficial in preventing increases in total and regional fat with advancing age rather than in promoting fat loss (34, 35).

As insulin-mediated glucose disposal occurs mainly in muscle, one would hypothesize that an increase in the skeletal muscle mass component of FFM would augment glucose disposal. Our data support this suggestion, as the absolute change in glucose disposal (milligrams per min) was related to the increase in FFM (r=0.48; P<0.05) after resistance training. There was no change, however, in glucose disposal when indexed per kg FFM. We interpret this finding to suggest that improved insulin sensitivity probably reflects a mass effect without altering the intrinsic capacity of the muscle to respond to insulin. The failure of resistance training to enhance insulin sensitivity per kg FFM could be due to the inability of resistance exercise to increase muscle capillary density (36) or to change muscle fiber types in an insulin-sensitive direction (37).

It is likely that the timing of our insulin sensitivity values measured relative to the last bout of exercise (4 \pm 1 days) may partially reflect a detraining response on insulin sensitivity. That is, insulin sensitivity decreases as a function of time once the individual stops endurance training. We would suggest, however, that our selection of the time period to measure insulin sensitivity was reasonable, given that previous studies (30, 38, 39) showed a sustained effect of exercise training on insulin sensitivity measured 4-7 days after the last exercise bout. The magnitude of increase in resistance-trained (9%) and endurance-trained (16%) individuals was comparable to the 11% and 13% increases reported by Hughes and colleagues (30) and Tonino (38), respectively. These increases in glucose disposal, however, are less than those reported by other investigators (24–28%) (40, 41) who measured insulin sensitivity 48 h after the last exercise bout, when the residual effects of exercise are still intact. Volunteers in these studies, however, were not randomly assigned to treatment conditions, nor did these investigators consider the effects of resistance training on insulin sensitivity.

We also considered the hypothesis that changes in lipid content within the skeletal muscle may predict changes in insulin sensitivity in women undergoing exercise training. This hypothesis is based on recent data showing that fat deposition within muscle may be an important aspect of body composition that is linked to insulin resistance (14, 15, 18). We used computed tomographic imaging to examine skeletal muscle at the level of the midthigh. We noted an increase in the attenuation values in endurance- and resistance-trained women, which most likely reflects a decrease in skeletal muscle fat content. However, we noted no relation between the improved glucose disposal and increased muscle attenuation values in endurance-trained or resistancetrained women (r = 0.24; P = NS). Thus, it is likely that other mechanisms are operative. For example, several investigators have suggested that the long-term regulation of the number and function of glucose transporters (42, 43), capillary proliferation (44), and the number of IIa (red glycolytic) fibers that have a higher GLUT-4 content and are more insulin responsive (45) are implicated in the improved insulin sensitivity in response to chronic exercise.

We identified only three reports in the literature (6, 46, 47) that examined the effects of both endurance and resistance training on proxy measures of insulin sensitivity. These studies, however, are not directly comparable to the present investigation because of differences in age, sex, initial metabolic characteristics of the volunteers, and experimental design differences. Two of these studies (6, 46) were performed in older men with untreated abnormal glucose regulation. Moreover, volunteers self-selected their mode of exercise, which raises questions regarding the biases introduced with subject self-selection. Both of these studies used an oral glucose tolerance test and found that endurance and resistance training reduced plasma glucose and insulin responses to an equivalent oral glucose load, suggestive of improved glucose tolerance and insulin sensitivity. On the other hand, Eriksson and colleagues (47) examined older men and women in a 6-month nonrandomized endurance-training study and found no discernible effect on insulin sensitivity, as measured by an iv glucose tolerance test. In the same study they used a 10-week circuit training program and found improved insulin sensitivity (23%) in eight males, as assessed with a euglycemic/hyperinsulinemic clamp technique. We suggest that additional randomized studies, such as our own,

 $^{^{}a}P < 0.05$.

using similar methodologies and in different populations, are needed to confirm our findings.

In summary, enhanced glucose uptake after physical training in young women occurs with and without changes in FFM and body composition. Two different mechanisms appear to be operative. Improved insulin sensitivity in resistance-trained women is probably due to a mass effect (i.e. increased FFM), whereas endurance training enhances glucose disposal independent of changes in FFM or VO₂max, suggestive of an intrinsic change in the muscle to metabolize glucose. We conclude that both endurance and resistance training programs are effective interventions to enhance glucose disposal in young, nonobese women.

Acknowledgments

We thank all participants for their time and effort in this study. We also thank Ms Denise DeFalco-McGeein, R.N.C., N.P., for her clinical management of our volunteers. Appreciation is extended to the administration and staff at the Racquets Edge Health Club in Essex, VT. We thank Travis Beckett and Kristan Kinamin for training our volunteers. Appreciation is expressed to Drs. Michael J. Toth and André Tchernof for their thoughtful comments on the paper.

References

- 1. Henriksson J. 1995 Influence of exercise on insulin sensitivity. J Cardiov Risk. 2:303-309
- 2. Buemann B, Tremblay A. 1996 Effects of exercise training on abdominal and related metabolic complications. Sports Med. 21:191-212
- 3. Perseghin G, Price TB, Petersen KF, et al. 1996 Increased glucose transportphosphorylation and muscle glycogen synthesis after exercise training in insulin resistance subjects. N Engl J Med. 335:1357-1362.
- 4. DeFronzo RA, Sherwin RS, Kraemer N. 1987 Effect of physical training on insulin action in obesity. Diabetes. 36:1379-1385.
- 5. Holloszy JO, Narahara HJ. 1965 Studies of tissue permeability. X. Changes in permeability of 3-methyl-glucose associated with contraction of isolated frog muscle. J Biol Chem. 240:3493–3500.
- 6. Smutok MA, Reece C, Kokkinos PF, et al. 1993 Aerobic vs. strength training for risk factor intervention in middle aged-men at high risk for coronary heart disease. Metabolism. 42:177-184.
- Craig BW, Everhart J, Brown A. 1989 The influence of high-resistance training on glucose tolerance in young and elderly subjects. Mech Ageing Dev. 49:147–157.
 Miller WJ, Sherman WM, Ivy JL. 1984 Effect of strength training on glucose
- tolerance and post-glucose insulin response. Med Sci Sports Exerc. 16:539-543.
- Gater DR, Gater DA, Uribe JM, Bunt JC. 1992 Effects of arginine/lysine supplementation and resistance training on glucose tolerance. J Appl Physiol. 2:1279-1284.
- 10. Dvorak RV, DeNino WF, Ades PA, Poehlman ET. 1999 Phenotypic characteristics associated with insulin resistance in metabolically obese but normal weight voung women. Diabetes. 48:2210-2214.
- 11. Kuczmarski RJ, Flegal KM, Campbell SM, Johnson CL. 1994 Increasing prevalence of overweight among US adults. The National Health and Nutrition Examination Surveys, 1960 to 1991. J Am Med Assoc. 272:205-211.
- 12. Expert Committee on the Diagnosis and Classification of Diabetes Mellitus. 1997 Report of the expert committee on the diagnosis and classification of diabetes mellitus. Diabetes Care. 20:1083-1097.
- 13. Uusitupa MI, Niskanen LK, Siitonen O, Voutilainen E, Pyorala K. 1990 Fiveyear incidence of atherosclerotic vascular disease in relation to general risk factors, insulin level, and abnormalities in lipoprotein composition in non-insulin-dependent diabetic and nondiabetic subjects. Circulation. 82:27-36.
- 14. Goodpaster BH, Thaete FL, Simoneau JA, Kelley DE. 1997 Subcutaneous abdominal fat and thigh muscle composition predict insulin sensitivity indeendent of visceral fat. Diabetes. 46:1379-1583
- 15. Goodpaster BH, Kelley DE, Wing RR, Meier A, Thaete FL. 1999 Effects of weight loss on regional fat distribution and insulin sensitivity in obesity. Diabetes. 48:839-847.
- 16. Kirwan JP, Kohrt WM, Wojta DM, Bourey RE, Holloszv JO. 1993 Endurance exercise training reduces glucose-stimulated insulin levels in 60- to 70-year old men and women. J Gerontol. 48:M84-M90.
- 17. Ross R, Fortier L, Hudson R. 1996 Separate associations between visceral and subcutaneous adipose tissue distribution, insulin and glucose levels in obese women. Diabetes Care. 19:1404-1411.
- 18. Pan DA, Lilloja S, Kriketos AD, et al. 1997 Skeletal muscle triglycride levels are inversely related to insulin action. Diabetes. 46:983-988

- 19. Tchernof A, Starling RD, Walston JD, et al. 1999 Obesity-related phenotypes and the β_3 -adrenoceptor gene variant in postmenopausal women. Diabetes. 48:1425-1428
- 20. Sjostrom L, Kvist H, Cederblad A, Tylen U. 1986 Determination of total adipose tissue and body fat in women by computed tomography. 40K, and tritium. Am J Physiol. 250:E736-E745.
- 21. Poehlman ET, Gardner AW, Goran MI, Calles-Escandon J. 1994 Effects of endurance training on total fat oxidation in elderly persons. J Appl Physiol. 76:2281-2287
- 22. Poehlman ET, Danforth Jr E. 1991 Endurance training increases metabolic rate and norepinephrine appearance in older individuals. Am J Physiol.
- 23. DeFronzo RA, Tobin JD, Andres R. 1979 Glucose clamp technique: a method for quantifying insulin secretion and resistance. Am J Physiol. 237:E214-E233.
- 24. Garcia-Rubi E, Starling RD, Tchernof A, et al. 1998 Trp⁶⁴Arg variant of the β_3 -adrenoceptor and insulin resistance in obese postmenopausal women. J Clin Endocrinol Metab. 83:4002-4005.
- 25. DeFronzo RA. 1979 Glucose intolerance and aging: evidence for tissue insensitivity to insulin. Diabetes. 28:1095-1101.
- 26. Schwartz RS, Shuman WP, Larson V, et al. 1991 The effect of intensive endurance exercise training on body fat distribution in young and older men. Metabolism. 40:545-551
- 27. Després JP, Pouliot MC, Moorjani S, et al. 1991 Loss of abdominal fat and metabolic response to exercise training in obese women. Am J Physiol 261:E159-E167
- 28. Brochu M, Starling RD, Tchernof A, Matthews DE, Poehlman ET. Visceral adipose tissue is an independent correlate of glucose disposal in older obese postmenopausal women. J Clin Endocrinol Metab. In press.
- 29. Segal KR, Edano E, Abalos A, et al. 1991 Effects of exercise training on insulin sensitivity and glucose metabolism in lean, obese and diabetic men. J Appl Physiol. 71:2402-2411.
- Hughes VA, Fiatarone MA, Fielding RA, et al. 1993 Exercise increases glut-4 levels and insulin action in subjects with impaired glucose. Am J Physiol. 264:E855-E862.
- 31. Poehlman ET, Gardner AW, Goran MI. 1992 Influence of endurance training or energy intake norepinephrine kinetics, and metabolic rate in older individuals. Metabolism. 41:941-948.
- 32. Poehlman ET, Gardner AW, Goran MI. 1990 The impact of physical activity and cold exposure on food intake and energy expenditure in man. J Wilderness Med. 1:265–278.
- Wilmore JH, Despres JP, Stanforth PR, et al. 1999 Alterations in body weight and composition consequent to 20 wk of endurance training: the HERITAGE Family Study. Am J Clin Nutr. 70:346-352.
- Poehlman ET, Toth MJ, Bunyard LB, et al. 1995 Physiological predictors of increasing total and central adiposity in aging men and women. Arch Intern Med. 155:2443-2448.
- Wilmore JH. 1996 Increasing physical activity: alterations in body mass and composition. Am J Clin Nutr. 63(Suppl):465S-460S.
- 36. Hepple RT, Mackinnon SLM, Goodman JM, Thomas SG, Plyley MJ. 1997 Resistance and aerobic training in older men: effects on VO2 peak and the capillary supply to skeletal muscle. J Appl Physiol. 82:1305-1310.
- 37. Tesch PA, Thorsson A, Kaiser P. 1984 Muscle capillary supply and fiber type characteristics in weight and power lifters. J Appl Physiol. 56:35-38.
- Tonino RP. 1989 Effect of physical training on the insulin resistance of aging. Am J Physiol E352-E356.
- Dela F, Larsen JJ, Mikines KJ, Ploug T, Petersen LN, Galbo H. 1995 Insulinstimulated muscle glucose clearance in patients with NIDDM. Effects of onelegged physical training. Diabetes. 44:1010-1020.
- 40. DeFronzo RA, Sherwin RS, Krawmer N. 1987 Effect of physical training on insulin action in obesity. Diabetes. 36:1379-1385.
- Trovati M, Carta Q, Cavalot F, et al. 1984 Influence of physical training on blood glucose control, glucose tolerance, insulin secretion, and insulin action in non-insulin dependent diabetic patients. Diabetes Care. 7:416-420.
- 42. Houmard JA, Egan PC, Neufer PD, et al. 1991 Elevated skeletal muscle glucose transporter levels in exercise-trained middle-aged men. Am J Physiol. 261:E437-E443.
- 43. Goodyear LJ, Hirshman MF, Valyou PM, Horton ES. 1992 Glucose transporter number, function and subcellular distribution in rat skeletal muscle after exercise training. Diabetes. 41:1091-1099.
- Andersen P, Henriksson J. 1977 Capillary supply of the quadriceps femoris muscle of man: adaptive response to exercise. J Physiol. 270:677–690.
- Ebeling P, Bourey R, Koranyi L, et al. 1993 Mechanism of enhanced insulin sensitivity in athletes. Increased blood flow, muscle glucose transport protein (glut-1) concentrations, and glycogen synthase activity. J Clin Invest. 92:1623–1631.
- 46. Smutok MA, Reece C, Kokkinos PF, et al. 1994 Effects of exercise training modality on glucose tolerance in men with abnormal glucose regulation. Int J Sports Med. 15:283-289.
- 47. Eriksson J, Turminen J, Valle T, et al. 1998 Aerobic endurance exercise or circuit-type resistance training for individuals with impaired glucose tolerance. Horm Metab Res. 30:37–41.

APPENDIX III

LAST NAME	FIRST NAME	Nomat	MR#	DOB	Phone-h.	Phone-w.	Address	Age	Ethnic
		nomat	MR#	BOB	Phone-h.	Phone-w.	Address	Age	Ethnic
Abeli	Susan	667001	309-288-9	01/31/68	482-2728	879-0943	RR2 Box 1131, Hainsburg, VT 05461	29	М
Ahearn	Erin	667002	602-601-7	08/24/72	864-3376	865-6114	O-1 Grand View Dr., S. Burl	25	>
Alberts	Heather	667003	606-773-0	10/17/72	1922-828	244-8786	765 Gentes Rd., Essex Jct., Vt 05452	24	*
Antoniuc	Shauna	667004	098-123-3	04/18/74	862-7643	863-5637	89 Pritkin St. Burlington, VT 05401	24	*
Betten	Paige	667005	265-342-6	04/24/68	660-9333		1611 Harbor Rd., Shelburne, VT 05482	30	*
Bevins	Lynda	900299	714-414-0	12/14/66	849-6505	64-1758 e.640	RR1 Box 2004, Cambridge, VT 05444	32	*
Blaiklock	Jennifer	667007	552-963-1	05/25/63	899-1170	4-0418	RR1 Box 3891, Jericho, VT 05465	33	>
Blake	Angela	800299	373-024-9	08/07/74	864-5550	6545052	PO Box 223, Winooski, VT 05404	24	>
Boe	Mary Beth	600299	164-903-7	01/27/70	655-4190	862-6576	9 Anita Ct., Winooski, 05404	27	>
Bognar	Janina	667010	140-685-9	03/13/75	864-3307		132 Colchester Av., B.,VT 05401	22	*
Boucher	Ann	667011	757-899-0	11/25/65	223-2736	728-6313 e.508	16 Ridge St., Montpelier, VT 05602	31	3
Boyd	Kristen	667012	150-460-4	03/26/71	878-8626	479-4363	PO Box 2031, Colchester, Vt 05449	26	>
Brennan	Kasara	667013	342-290-4	05/19/75	865-7808	658-0001	388 College St., B., VT	21	>
Bradd	Denise	667014	123-377-4	01/20/65	879-2790	•	4 Spruce Ln. Williston, 05495	33	*
Brice	Whitney	667015	105-125-9	11/12/66	863-2895	9959-999	76 Park St., B., VT	30	*
Brigham	Heidi	667016	209-956-2	02/18/69	864-8041	54-3770 ext.33	6 Chestnut Ln #11, Colch., VT 05446	28	*
Brochu	Kara	667017	583-972-5	11/23/62	863-5314	863-1315	295 Dahlia Dr., Louisville, CO 80027	34	*
Brown	Anna	667018	853-647-6	01/22/63	864-5204		59 Simpson Ct., B., VT	34	*
Brown	Kimball	667019	337-647-2	05/24/64	893-0415	864-5756	101 White St. #2, S.Burl.,05403	33	*
Bruce	Jennifer	667020	356-196-6	05/10/74	879-3380	•	30 Sand Rd, Colch., Vt	23	*
Brulatour	Maria	667021	535-649-8	09/15/71	658-4816	658-7183	49 Curtis Ave., B., VT, 05401	27	*
Caldwell	Paige	667022	560-388-1	05/11/65	985-5731	656-3222	70 Locust Hill, Shelb., 05482	31	*
Camp	Karen	667023	215-077-9	08/27/64	527-0297		RR2, Box 328A, St. Albans 05478	33	>
Carlson	Kristin	667024	082-893-9	06/04/67	859-8961	6-2452 eve.	88 Pitkin St.#1, B., VT 05401	29	>
Casale	Leanne	667025	346-106-8	07/13/71	658-0258	656-3603	CRC research kitchen	25	>
Cass	Wendy	667026	331-137-0	10/13/70	482-6123		1079 Shenk Hollow rd., Luray, VA 22835	56	*
Chase	Lynette	667027	124-198-3	08/23/63	899-1949	660-1508	RR2 Box 238A, Jericho, VT 05465	33	>
Chicoine	Kim	667028	257-534-8	10/18/65	865-9178	863-6376	2301/2 N.Champlain St., B., Vt 05401	31	3
Chien	Lyressa	667029	115-059-48	12/21/68	482-5951	524-7265	38 Lyman Park Rd. #9 Hines. VT 05461	30	*
Chiu	Cynthia	667030	790-864-3	12/03/76	865-4007	-	132 Colchest. Ave. #2, B.,	20	æ
Colelli	Donna	667031	324-980-2	03/20/65	899-4277		22 Starbird Rd, Jericho, VT 05465	34	*
Companion	Amy	667032	619-436-9	04/19/73	655-0364		162 N. St., Winooski, 05404	24	*
Cruise	Linda	667033	8-357-8	01/07/65	434-7062		PO Box 571, Richmond, VT 05447	33	*
Cutter	Susan	667034	128-225-0	07/14/73	863-7900	1	76 High St, Biddeford, ME 04005	23	>
Descoteaux	Maureen	667035	149-451-7	05/03/63	149-451-7	878-1456	16 Hidden Oak Dr., Colch., VT 05446	33	*

Gagne Gallo Gear Geelmuyden Glaspie	Later		631-031-2	00/44/79					
Gallo Gear Geelmuyden Glaspie	Havalall	667037		09/11//3		244-8788	5 Sugartree Ln.,Essex Jct., 05452	24	>
Gear Geelmuyden Glaspie	Michelle	667038	329-419-6	02/16/75	879-3480		11 Wolcott St., Colch., 05446	22	W
Geelmuyden Glaspie	Army	667039	589-810-1	06/10/66	862-2496		76 Crescent Beach Dr., B., VT	31	W
Glaspie	Jenifer	667040	280-383-1	11/05/69	860-0651	656-8497	220 River Side Av.,B., VT 05401	27	B
	Elizabeth	667041	1-132-856-4	10/05/65	878-1591		20 Corduroy Rd., Essex Jct. VT 05452	33	W
Grennon	Gertrude	667042	597-438-1	06/28/72	655-4399	656-2880	251 James Ave., B., VT	24	×
Hanson	Sara	667043	155-220-7	09/15/71	655-4953	656-2060	1005A Ethan Allen Av., Colch., 05446	25	W
Johnson	Mitzi	667044	326-005-6	11/18/70	372-4690	•	PO Box 144, Hero, VT 05486	26	W
Joy	Dierdra	667045	178-042-8	11/29/63	656-0028	863-2477	98 Lake View Terr. #1, B.,VT	33	W
King	Julie	667046	141-726-0	09/20/72	658-7611	654-2447	90 Ferguson Ave. #2 Burl. VT. 05401	26	*
Krcmar	Chantal	667047	377-575-6	05/11/73	865-9940	654-1702	397 St. Paul St., Apt 28, B, 05401	24	W
Ladd	Donna	667048	594-809-6	01/20/69	879-2012	872-0924	82 Millpond Rd., Colch., VT 05446	28	×
Lescaze	Miranda	667049	173-275-9	03/18/72	434-5485	656-3288	255 Moniton Dr. Huntington VT. 05462	26	*
Llauger	Giannina	667050	154-711-6	05/12/73	879-4560		PO Box 5803, B., VT 05402	23	ų
Lush	Tamara	667051	370-690-0	12/10/70	524-1337	660-1847	261 N. Main St. St. Albans VT. 05478	28	W
MacLachlan	Catherine	667052	373-557-8	11/27/71	864-3529	863-7153	49 Ward St.,B.,VT 05401	26	*
Marland	Dawn	667053	512-239-5	09/02/62	434-5959	951-6593	PO Box 179, Richmond, VT 05477	34	W
Mason	Carol Lee	667054	356-963-9	09/21/61	899-2998	879-0943	RR2 Box 263A, Jericho VT 05465	35	*
Matthews	Stacey	667055	887-615-3	05/11/70	660-2477	860-3441	350 Spear St., South B., 05403	27	*
McKenny	Heather	667056	677-561-3	02/19/68	863-2794		558 S 24th St., Ap3, HarisburgPA17104	29	*
Medved	Cara	667056	267-039-6	02/60/20	482-3276	878-2762 #5701	144 Lyman Meddow, Hinesburg, VT 05461	29	*
Mercier	Jennifer	667057	343-639-1	08/30/70	863-9757		250 White St. S. Burlington VT. 05403	28	*
Mills	Jennifer	667058	279-872-6	12/10/70	864-7625	860-3859	14 Barber Ter, S. Burl., VT 05403	26	W
Moirano	Kimberley	667059	890-420-3	04/17/62	863-7916	658-4300	15 Oak Creek Dr., S. Burl., VT 05403	35	W
Moreno	Joan	090299	230-051-5	02/05/65	658-5154	658-0500	253 S.Winooski Ave.,B., VT	32	>
Morgan	Lynne	667061	554-667-6	03/13/71	864-5182	865-0114	168 Lyman Ave.,B.,VT 05401	26	*
Nieves	Yanaris	667062	355-090-2	01/01/74	879-4560	•	PO Box 5803, B., VT 05402	23	ء
Olmstead	Jennifer	667063	354-224-8	08/26/68	862-8942	•	403 ColchesterAv #2, B, VT	28	*
Padnos	Rebecca	667064	656-201-1	08/18/63	864-0214	•	32 Spruce Ave., B., VT 05401	33	*
Phillips	Maribel	667065	256-722-0	06/29/66	879-0744	864-3034	233 Essex Rd. Williston VT. 05495	32	ے
Previs	Lisa	990/99	104-806-5	04/30/71	862-3255	651-8330	1412 N.Ave., B., VT 05401	25	>
Quick	Denise	667067	139-465-9	07/02/62	658-2244	•	76 Hayward # 76, B., VT	34	>
Raab	Patricia	890299	1-147-236-2	07/31/71	878-9333		163 Main St., Colchester, VT 05446	27	*
Randali	Erin	690299	366-196-4	05/01/75	434-4840		P.O.Box 591, Richmond, VT 05477	22	*
Record	Norma	667070	122-255-3	06/29/70	878-3376	656-3590	192 Main St., Colchester, VT 05446	28	*
Roddy	Margaret	667071	023-722-2	10/16/63	425-4046	656-2834	1374 Louise Cr. Rd, Charlotte 05445	33	Ж

Ruesink	Adreana	667072	150-602-1	08/20/70	223-7567	656-0423	171 Main St. Apt#6, Montp, VT 05602	26	W
Sarabia	Paige	667073	610-389-9	12/08/72	864-0581		911 Dorset St., S.Burl. 05403	24	W
Scolin	Lynda	667074	072-611-7	11/13/67	985-8420	63-7370 ext.31	7 Creekside Dr., Shelb., VT 05482	29	М
Scribner	Shirley	667075	304-928-5	03/29/69	656-1665	388-7511	Jean Mance #416, B., VT	28	×
Shannon	Joan	920299	262-607-5	07/27/64	860-7489		41-43 Central Ave., B., VT 05401	33	М
Siegel	Amy	220299	130-910-3	06/27/67	879-2937	863-7153	12 Lamoille St., Essex Jct., VT 04452	29	W
Silverman	Julie	820299	751-415-1	01/03/66	864-1848	864-0518	692 North Ave. Burlington VT. 05401	32	W
Smith	Christina	620299	046-275-4	03/19/64		656-8483	Given C-258	33	*
Teague	Jennifer	080299	338-158-9	03/04/72	862-8751	656-3533	88 Maple St. App.D, B., VT	25	Ж
Thompson	Mary	080299	895-130-3	11/15/71	864-8152		471 N. Gate Rd. Burl., VT 05401	27	h
Vieira	Aimee	667081	1-105-362-6	08/14/71	652-9010	865-758	15 Plattsburgh Ave. #A Burl. VT. 05401	27	W
Walker	Kerry	667082	1-138-143-1	12/15/70	899-4241	864-1848	PO Box 412 Richmond VT. 05477	27	W
Watson	Rebecca	E80 299	155-643-0	09/04/64	622-0289		100 W.Canal St.,Winooski, VT 05404	32	*
Wires	Kara	667084	120-117-7	08/24/70	434-3934		2321 Bolton N. Rd. Jericho VT. 05465	28	*
Wyss	Vanessa	667085	321-881-5	06/30/73	849-2132	656-0942	2187 Main St., Fairfax, VT 05454	23	*
Yezerski	Ann	980299	155-147-2	06/22/70	660-8951	656-4366	397 St.Paul St., B., VT	56	*
Zarrillo	Nicole	667087	111-933-64	06/21/70	864-8321	865-0692	435 Dorset St., #51, S. B., VT 05403	27	*

																																	ایر			
LMP-2	PMS-2		n/a				7/28/99	n/a	12/15/99	n/a	n/a	n/a	12/31/97		86/00/6	n/a		n/a	n/a	n/a		n/a		12/28/98	n/a		n/a	n/a		9/10/99	n/a	1/26/00	11/3/98-lut.		n/a	
LMP_1	PMS_1	n/a	2/11/98	n/a	3/2/99	2/10/99	1/7/99	n/a	6/2/9	n/a	n/a	n/a	n/a	n/a	1/14/98	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	66/8/9	n/a	7/5/99	3/17/98-lut.	4/10/98	n/a	n/a
Geno	Geno	11	1	12	11	11	1	11	11	11	11	n/a	1	11	11	n/a	11	=	n/a	7	n/a	11	11	11	11	11	11	12	#	#	12	٤	#	#	1	12
Geno#	Geno #	460	631	442	296	086	970	448	1031	443	464	n/a	452	317	621	n/a	455	474	n/a	645	n/a	510	272	829	447	310	296	458	458	458	458	1033	699	683	311, 491	449
MONW	MONW	2	2	2	2	2	-	2	2	2	2	7	2	2	2	2	2	2	2	1	2	2	1	1	2	-	2	2	2	-	2	-	2	-	2	2
Post Date	Post Date		9/18/98				8/24/99	12/11/97	12/22/99	12/18/97	12/19/97	9/19/97	1/14/98		10/14/98	10/17/97		12/23/97	9/16/97	10/15/98		6/25/98		1/8/99	4/9/98		8/15/97	3/5/98		12/8/99	12/30/97	1/28/00	11/30/98		8/12/97	
Pre Date	Pre Date	7/10/97	2/13/98	5/1/97	3/2/99	2/23/99	1/26/98	2/9/97	6/16/99	4/28/97	5/29/97	3/10/97	5/21/97	1/29/97	2/6/98	2/7/97	5/16/97	6/20/97	2/28/97	3/26/98	3/11/97	12/4/97	2/28/97	6/19/98	5/2/97	2/20/97	2/17/97	8/1/97	5/7/97	5/25/99	3/21/97	7/14/99	4/10/98	4/23/98	2/18/97	5/9/97
Status	Status	3	2	3	1	-	2	2	7	7	2	2	2	က	2	2	3	2	2	2	3	2	3	2	2	က	2	2	3	2	8	2	2	က	2	က
Situtation	Situtation	dropout	done-paid	dropout	dropout	dropout	done-paid	dropout	done-paid	done-paid	dropout	done-paid	done-paid	done-paid	dropout	done-paid	dropout	done-paid	done-paid	done-paid	done-paid	done-paid	dropout	done-paid	done-paid	done-paid	done-paid	drop-out	done-paid	dropout						
Start	Start	7/23/97	2/23/98	5/28/97	3/5/99	3/11/99	2/1/98	5/19/97	6/18/99	2/9/97	26/6/9	3/20/97	6/18/97	2/17/97	2/23/98	2/26/97	5/28/97	26/06/9	3/10/97	4/8/98	3/21/97	12/19/97	3/10/97	6/19/98	5/12/97	3/3/97	2/27/97	8/11/97	5/18/97	5/26/99	3/31/97	7/14/99	4/20/98	4/23/98	3/3/97	5/19/97
orcon	orcon	0	-	-	_	0	0	0	-	-	-	0	-	-	0	-	-	1	0	1	0	1	0	-	-	0	0	0	1	1	0	0	1	0	1	0
group	group	-	2	2	-	2	-	m	2	2	8	က	2	m	-	-	2	2	2	-	2	2	2	-	6	-	3	က	-	2	3	2	2	-	2	-

7/16/98	n/a	4/15/98			7/20/99	n/a			n/a	8/18/99	11/4/98		6/26/99	n/a	12/31/99	12/24/97		12/30/97		n/a	1/25/00	5/22/99	n/a	11/30/97		10/6/98		n/a		2/3/00	11/7/97			n/a	2/6/99	n/a
1/19/98	n/a	n/a	n/a	n/a	11/21/98	n/a	n/a	n/a	n/a	2/3/99	4/5/98	n/a	12/8/98	n/a	5/19/99	n/a	n/a	n/a	n/a	n/a	7/30/99	11/10/98	n/a	n/a	n/a	3/17/98	n/a	n/a	n/a	5/13/99	n/a	n/a	8/3/99	n/a	6/28/98	n/a
7	7	11	11	11	11	n/a	n/a	11	11	12	11	11	11	12	11	11	خ	11	12	n/a	11	11	n/a	11	11	12	11	11	11	11	11	11	11	11	1	12
618	486	506	504	490	960	n/a	n/a	456	493	982	694	459	964	232	1020	467	438	466	489	n/a	1070	957	n/a	454	468	658	273	294	473	1005	437	313	1055	477	921	308
-	2	1	2	1	2	2	-	2	2	1	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2	-	2	2	2	2	2	2	1	2	2	2
8/10/98	3/6/98	4/24/98			7/20/99	10/24/97			5/20/97	66/6/6	11/18/98		7/12/99	10/7/97	1/7/00	1/8/98		1/22/98		11/25/97	2/9/00	6/23/99	9/12/97	12/5/97		10/21/98		11/11/97		2/25/00	11/21/97			2/27/98	2/6/99	1/6/98
2/3/98	8/26/97	9/23/97	10/2/97	9/3/97	12/10/98	3/28/97	1/23/97	5/22/97	9/18/97	2/24/99	4/22/98	6/13/97	12/11/98	2/11/97	6/4/99	6/4/97	5/15/97	26/2/9	8/28/97	4/15/97	7/30/99	11/20/98	2/19/97	5/20/97	6/5/97	4/1/98	2/6/97	3/6/97	6/11/97	6/3/99	4/24/97	2/26/97	8/3/99	7/23/97	6/23/98	3/18/97
2	2	2	က	က	2	2	က	3	2	2	2	3	2	2	2	2	3	2	3	2	2	2	2	2	3	2	က	2	6	2	2	3	3	2	2	2
done-paid	done-paid	done-paid	dropout	dropout	done-paid	done-paid	dropout	dropout	done-paid	done-paid	done-paid	dropout	done-paid	done-paid	done-paid	done-paid	dropout	done-paid	dropout	done-paid	done-paid	done-paid	done-paid	done-paid	dropout	done-paid	dropout	done-paid	dropout	done-paid	done-paid	dropout	dropout	done-paid	done-paid	done-paid
2/16/98	1/10/97	10/6/97	10/13/97	9/3/97	12/10/98	4/9/97	2/17/97	6/13/97	10/1/97	3/1/99	5/1/98	6/23/97	1/4/99	2/24/97	66/2/9	6/16/97	6/1/97	6/16/97	9/25/98	4/25/97	7/2/99	11/20/98	3/3/97	5/30/97	6/16/97	4/10/98	2/24/97	3/17/97	6/20/97	66/2/9	26/1/92	3/12/97	4/14/99	8/1/97	8/3/98	3/28/97
0	0	0	0	-	0	-	-	0	0	-	0	0	-	0	0	-	0	0	-	-	-	-	0	-	0	-	0	0	0	0	0	0	1	1	-	-
7	က	-	7	7	_	-	-	-	-	-	-	2	2	-	-	2	-	es	2	3	-	e	-	-	-	2	2		-	-	-	2	2	က	2	က

2	
3	dropout 3
2	done-paid 2
3	dropout 3
2	done-paid 2
2	done-paid 2
2	done-paid 2
3	dropout 3
2	done-paid 2
2	done-paid 2
က	dropout 3
2	done-paid 2
7	done-paid 2
7	done-paid 2
က	dropout 3

0.995	1.052	1.176	1.192	1.133	1.208	1.283	1.121	1.260	1.192	1.163	1.167	1.235	1.172	1.276	1.111
76.0	57.0	68.0	70.0	89.0	69.0	85.0	65.0	0.09	0.99	84.0	67.0	65.0	64.0	71.0	76.0
135.0	109.0	107.0	108.0	153.0	110.0	147.0	103.0	124.0	128.0	137.0	97.0	116.0	109.0	117.0	123.0
	25.2		21.7		25.2	22.0	20.1		21.5	24.5		22.9	23.7	23.6	
	64.0		70.4		71.0	61.3	53.5		0.99	8.99		60.20	56.5	66.3	
	159.4		180.0		168.0	166.8	163.0		175.4	165.0		162.3	154.4	167.6	
20.2	24.2	21.7	21.7	22.1	24.8	22.4	20.0	23.3	20.9	24.0	20.2	23.0	23.5	22.1	22.1
57.4	61.5	63.0	70.2	53.2	6.69	62.2	53.2	62.0	64.4	64.8	54.7	60.3	56.0	62.1	67.0
168.4	159.4	170.4	180.0	155.0	167.8	166.8	163.0	163.0	175.4	164.2	164.6	161.8	154.4	167.6	174.2
0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0
	168.4 57.4 20.2 76.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 57.0	168.4 57.4 20.2 46.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 170.4 63.0 21.7 68.0 68.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 169.4 64.0 25.2 109.0 57.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 155.0 53.2 22.1 180.0 70.4 153.0 89.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 156.0 53.2 22.1 180.0 71.0 25.2 110.0 89.0 167.8 69.9 24.8 168.0 71.0 25.2 110.0 69.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 57.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 70.0 155.0 53.2 22.1 168.0 71.0 25.2 110.0 69.0 89.0 167.8 69.9 22.4 166.8 61.3 22.0 147.0 85.0 85.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 70.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 80.0 155.0 53.2 22.1 168.0 71.0 25.2 110.0 89.0 89.0 165.8 69.9 24.8 166.8 61.3 22.0 147.0 85.0 85.0 166.8 53.2 20.0 163.0 65.0 65.0 85.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 68.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 70.0 180.0 70.2 21.7 180.0 70.4 21.7 108.0 70.0 89.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 70.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 89.0 70.0 155.0 53.2 22.1 16.8 71.0 25.2 110.0 89.0 89.0 89.0 165.8 63.2 22.4 166.8 61.3 22.0 147.0 85.0 85.0 85.0 165.8 63.2 20.0 163.0 53.5 20.1 103.0 65.0 65.0 163.0 62.0 23.3 715.4 66.0 66.0 66.0 66.0 66.0 66.0	168.4 57.4 20.2 159.4 64.0 26.2 109.0 76.0 76.0 159.4 61.5 24.2 159.4 64.0 26.2 109.0 57.0 70.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 80.0 180.0 70.2 21.7 180.0 70.4 21.7 108.0 70.0 89.0 70.0 165.0 63.2 22.1 71.0 25.2 110.0 69.0 69.0 70.0 166.8 62.2 22.4 166.8 61.3 22.0 147.0 85.0 85.0 70.0 163.0 62.0 23.3 163.0 63.5 20.1 103.0 66.0 66.0 66.0 71.4 <	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 70.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 88.0 70.0 180.0 70.2 21.7 180.0 71.0 21.7 108.0 70.0 89.0 70.0 70.0 70.0 89.0 70.0 70.0 70.0 70.0 70.0 70.0 70.0 89.0 70.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 61.5 24.2 159.4 64.0 25.2 109.0 57.0 68.0 170.4 63.0 21.7 180.0 70.4 21.7 108.0 70.0 80.0 180.0 70.2 21.7 180.0 70.4 21.7 108.0 70.0 89.0 89.0 155.0 65.2 22.1 180.0 71.0 25.2 110.0 89.0	168.4 57.4 20.2 159.4 64.0 25.2 109.0 76.0 159.4 64.0 25.2 109.0 57.0 68.0 170.4 63.0 21.7 180.0 70.4 26.2 107.0 68.0 77.0 180.0 70.2 21.7 180.0 70.4 21.7 108.0 70.0 68.0 70.0 155.0 53.2 22.1 180.0 71.0 25.2 110.0 89.0 <	168.4 67.4 20.2 64.0 26.2 193.0 76.0 76.0 159.4 61.5 24.2 159.4 64.0 26.2 109.0 67.0 70.0 170.4 63.0 21.7 180.0 70.4 21.7 180.0 70.4 21.7 108.0 70.0 68.0 70.0 165.0 53.2 22.1 180.0 70.4 21.7 108.0 70.0 89.0

<u>رم</u>	6																																			\Box
BMD pelvis2	BMD pelvis2		1.242				0.951	1.091	1.078	1.354	1.036	1.112	1.132		1.234	1.113		1.290	1.142	1.199		1.094		1.019	0.986	1.205	1.134	1.098		1.100	1.166	1,001	1.075		1.169	
BMD pelvis	BMD pelvis	1.071	1.210	1.228	0.967	1.166	0.952	1.070	1.045	1.343	1.026	1.075	1.115	1.221	1.177	1.098	1.138	1.272	1.152	1.189	1.047	1.064	1.242	1.018	0.964	1.157	1.119	1.121	1.163	1.129	1.139	0.985	1.126	1.117	1.152	1.252
BMD spine2	BMD spine2		1.305				1.091	1.059	1.126	1.305	1.061	1.221	1.260		1.337	1.124		1.333	1.467	1.388		1.189		1.228	1.091	1.289	1.138	1.254		1.234	1.184	1.104	1.265		1.260	
BMD spine	BMD spine	1.347	1.340	1.145	1.302	1.207	0.930	1.164	1.200	1.313	1.111	1.196	1.143	1.145	1.257	1.175	1.189	1.212	1.274	1.324	1.142	1.150	1.470	1.157	0.941	1.216	1.219	1.116	1.402	1.247	1.186	1.216	1.269	1.217	1.062	1.395
BMC legs2	BMC legs2		1047				722	815	828	932	832	867	820		684	866		068	1027	1055		292		827	292	806	806	711		860	828	738	928		702	
BMC legs	BMC legs	928	1014	838	782	776	713	809	864	929	857	752	824	1069	778	992	862	875	950	1032	761	749	761	288	751	761	761	729	931	851	761	719	028	851	761	1024
BMC arms2	BMC arms2		332				241	299	312	326	274	258	302		274	325		311	375	336		312		310	266	338	339	240		262	298	267	366		276	
BMC arms	BMC arms	320	305	321	294	283	248	335	597	350	300	292	345	305	281	332	316	297	359	336	276	278	68£	305	797	331	352	264	344	252	288	259	331	202	265	381
BMC trunk2	BMC trunk2		1044				645	831	916	975	815	744	853		849	975		946	938	993		765		771	732	938	853	799		796	935	795	892		786	
BMC trunk	BMC trunk	888	686	811	092	777	602	622	948	952	783	229	774	006	804	915	879	976	942	1030	772	754	1169	2350	627	851	860	206	946	785	859	786	868	896	726	1062
BMC tot 2	BMC tot 2		2892				2051	2536	2579	2739	2406	2198	2551		2495	2789		2614	2969	2951		2398		2360	2242	2764	2667	2177		2372	2575	2343	2581		2191	
BMC tot (g)	BMC tot (g)	2805	2777	2480	2340	2277	1999	2497	2548	2735	2441	2233	2508	2744	2433	2744	2530	2568	2855	2958	2349	2324	3373	2350	2131	2620	2647	2137	2726	2344	2456	2310	2504	2564	2116	2967
BMD total 2	BMD total 2		1.209				1.067	1.179	1.114	1.263	1.110	1.229	1.166		1.254	1.172		1.299	1.231	1.236		1.172		1.103	1.086	1.196	1.238	1.134		1.200	1.172	1.127	1.155		1.141	

1.114	1.158	1.044			0.990	1.245			1.303	1.105	1.115		1.117	1.203	1.190	1.295		1.271		1.313	1.194	1.123	1.122	1.140		1.074		1.200		1.291	1.071			1.260	1.191	1.249
	_													•														_								
1.109	1.159	1.087	1.086	0.980	0.998	1.205	1.075	1.091	1.252	1.088	1.087	1.129	1.162	1.130	1.188	1.267	1.010	1.297	1.202	1.310	1.157	1.091	1.090	1.118	1.079	1.084	1.122	1.171	1.083	1.340	1.066	0.999	1.385	1.267	1.202	1.251
1.111	1.273	1.173			1.224	1.149			1.348	1.287	1.185		1.242	1.184	1.323	1.242		1.204		1.492	1.480	1.129	1.156	1.156		1.148		1.180		1.469	1.246			1.438	1.223	1.572
1.104	1.160	1.106	1.034	0.971	1.163	1.255	1.246	1.048	1.235	1.241	1.162	1.197	1.219	1.127	1.231	1.345	0.859	1.407	1.156	1.522	1.385	1.190	1.189	1.304	1.151	1.159	1.262	1.117	1.192	1.437	1.196	1.227	1.390	1.235	1.298	1.381
833	698	713			754	262			922	893	963		844	805	785	998		1037		1013	1062	874	736	828		909		1033		756	810			1042	773	1070
798	885	700	739	638	721	761	761	938	902	860	953	787	825	761	776	879	716	1052	1178	761	1029	828	761	841	853	593	761	761	802	743	314	761	1087	1021	775	761
319	298	279			261	289			371	288	296		278	291	315	302		381		438	313	274	331	310		213		363		264	292			353	291	341
312	324	269	227	217	267	333	331	270	379	290	300	359	281	304	282	306	265	384	369	386	289	289	334	324	310	200	324	351	272	251	622	351	396	364	293	350
735	902	762			723	875			1054	820	926		698	840	882	952		1092		1137	1009	864	062	975		743		822		988	298			1133	895	1134
743	842	771	563	583	706	861	951	713	965	784	907	857	789	792	862	885	648	1047	1044	1163	1037	848	781	911	749	785	877	985	774	826	790	820	1149	1035	921	1093
2385	2536	2312			2	2504			2889	2516	2738		2557	2534	2485	2607		3091		3157	2926	2527	2337	2717		1984		2800		2431	2493			3015	2500	3155
2341	2543	2281	1922	1932	2187	2503	2772	2376	2805	2444	2680	2516	2400	2528	2415	2558	2098	3066	3161	9208	2884	2502	2289	2638	2424	1997	2593	2861	2343	2383	2428	2601	3217	2914	2512	3033
1.165	1.139	1.124			1.083	1.195			1.230	1.161	1.137		1.219	1.222	1.187	1.226		1.267		1.379	1.251	1.156	1.119	1.177		1.021		1.218		1.273	1.177			1.188	1.190	1.286

2		2		4		1 C	20	g		စ	4		9	4	_	
1.202		1.043		1.174		1.175	1.255	1.146		1.219	1.134		1.176	1.174	1.381	
1.215	0.983	1.050	1.178	1.140	1.062	1.163	1.266	1.117	1.274	1.236	1.148	1.208	1.166	1.177	1.340	1.065
1.243		1.174		1.271		1.353	1.300	1.067		1.398	1.280		1.471	1.319	1.528	
1.299	0.933	1.082	1.271	1.402	1.139	1.330	1.227	1.213	1.366	1.343	1.204	1.192	1.265	1.233	1.321	1.335
1003		677		1011		1049	1044	782		1015	934		879	902	826	
761	718	645	926	1020	869	1015	1045	761	835	1018	906	761	088	728	192	906
382		255		371		375	356	284		357	331		305	328	417	
354	280	250	316	372	273	374	367	265	307	372	317	334	330	320	406	354
1025		754		1072		1118	1004	862		1135	986		666	834	1601	
1098	681	719	921	1168	752	1119	1030	785	1040	1082	917	860	971	817	1053	1026
2997		2096		3001		3092	2922	2286		3034	2788		2799	2355	2989	
3019	2106	2027	2699	3103	2214	3054	2954	2269	2714	2982	2667	2646	2780	2368	2912	2822
1.212		1.070		1.218		1.164	1.286	1.114		1.205	1.180		1.240	1.151	1.000	

total ca++	total ca++2	Tis_Fa1	Tis_Fa2	Regn % fat	Regn % fat2	F_mass1	F_mass2	FF_m1	FF_m2	LTM trunk	LTM trunk	LTM arms
total ca++	total ca++2	Tiss_Fat1	Tiss_Fat2	Regn % fat	Regn % fat2	F_mass1	F_mass2	FF_m1	FF_m2	LTM trunk	LTM trunk	LTM arms
1066		37.4		35.9		23.99		40.09		18.46		4.40
1055	1099	36.2	40.90	34.8	39.2	23.66	28.81	41.65	41.71	20.26	19.48	4.26
943		29.5		28.2		15.68		37.44		16.65		4.47
688		31.7		30.4		18.27		39.42		19.05		3.80
865		18.0		17.2		8.25		37.48		18.68		3.69
760	779	16.8	22.70	16.1	21.7	7.42	10.45	36.80	25.63	17.61	17.70	3.38
949	964	24.6	25.5	23.4	24.3	12.24	12.70	37.53	37.03	17.45	18.02	4.33
896	086	27.4	27.1	26.2	26.0	15.73	15.74	41.68	42.34	20.84	20.24	3.88
1039	1041	28.7	23.3	27.3	22.2	15.39	12.40	38.19	40.75	18.04	4.58	4.46
928	914	22.4	22.8	21.4	21.8	11.68	11.96	40.44	40.55	18.74	20.31	4.40
826	835	27.6	27.0	26.4	25.8	13.13	12.74	34.48	34.48	15.98	17.57	3.76
953	696	32.3	28.0	30.9	26.8	18.31	16.07	38.43	41.33	18.02	20.29	4.74
1043		12.1		14.4		8.24		46.37		20.86		4.91
925	948	33.8	34.2	32.4	32.8	19.75	20.65	38.73	39.77	19.56	20.75	3.81
1043	1060	25.6	25.8	24.5	24.7	15.88	16.19	46.09	46.45	21.47	23.23	4.87
961		33.0		31.6		18.92		38.44		17.98		4.43
926	993	30.1	32.4	28.8	31.0	16.59	18.84	38.46	39.32	19.18	18.86	4.17
1085	1128	22.7	26.5	21.6	25.2	12.63	15.47	42.98	42.84	19.69	18.93	4.92
1124	1122	31.0	32.9	29.6	31.4	19.30	20.40	42.93	41.56	20.87	19.63	4.24
892		19.6		18.7		9.74		39.88		20.08		4.14
883	911	20.4	23.3	20.4	22.2	9.43	11.58	34.52	38.10	17.47	18.84	3.27
1282		38.5		36.9		29.80		47.55		23.24		5.34
893	897	22.7	20.60	21.7	19.7	11.62	10.32	39.59	39.75	19.74	18.62	4.56
810	852	28.8	29.7	27.6	28.5	14.86	16.09	36.80	38.08	17.17	19.25	4.08
966	1050	30.6	32.6	29.3	32.6	17.81	21.04	40.35	40.68	19.36	20.25	4.63
1006	1013	22.9	23.0	21.7	21.8	11.68	11.10	39.40	37.19	19.22	18.07	4.21
812	827	23.6	23.8	22.6	22.8	11.17	11.21	36.17	35.83	17.51	18.69	3.89
1036		27.8		26.5		15.57		40.35		18.97		4.33
891	901	38.5	36.90	37.0	35.5	22.53	21.99	35.98	37.60	17.35	18.22	3.36
933	978	26.9	27.5	25.8	26.3	14.71	15.21	39.92	40.09	18.70	19.45	4.32
878	891	43.9	42.7	42.4	41.2	28.53	28.51	36.49	38.28	18.54	18.84	3.95
952	981	31.3	30.7	30.1	29.5	19.80	19.36	43.46	43.79	20.57	20.65	5.06
974		36.1		34.6		21.76		38.52		19.53		4.39
804	804	29.2	31.8	28.0	31.8	14.47	17.09	35.14	36.70	17.41	18.25	3.64
1128		39.5		38.1		31.37		48.09		25.00		5.76

									Γ	Τ																										Γ
4.41	4.27	3.70	2.77	2.85	3.72	4.28	4.64	4.44	4.95	4.04	4.61	5.17	3.82	3.93	3.37	4.38	4.16	5.02	5.08	4.38	4.03	4.04	4.33	4.98	4.05	3.16	4.56	5.27	4.23	3.15	4.22	4.24	4.66	5.08	3.73	9
18.39	21.11	19.61			18.36	18.03			21.26	19.29	20.72		19.99	19.96	18.06	20.41		22.77		21.66	20.18	20.19	19.12	20.11		16.62		19.25		17.36	17.84			21.33	17.93	24.37
19.43	19.46	18.98	15.42	14.70	18.30	18.13	19.86	21.88	20.90	19.45	20.26	18.56	18.90	17.21	18.48	19.73	19.42	20.44	22.74	22.41	20.95	19.17	18.30	19.10	17.79	16.04	18.88	19.44	18.93	16.55	17.93	18.65	21.35	21.10	17.78	24.72
40.64	42.06	39.82			37.61	37.50			44.70	40.47	43.55		38.85	37.17	36.23	40.79		46.26		44.25	42.93	39.67	38.88	40.13		33.10		41.39		33.77	36.22			44.23	37.03	44.28
38.88	41.25	37.29	30.19	28.22	36.60	37.36	42.09	45.54	44.29	41.12	42.92	39.90	37.93	35.15	36.91	41.06	38.24	43.88	47.78	43.47	42.43	38.30	37.99	39.51	36.53	31.18	40.15	42.10	38.75	33.01	36.86	39.83	42.95	43.86	35.62	46 88
17.13	9.20	13.11			13.57	15.96			10.55	11.49	13.22		14.37	13.13	15.50	15.52		17.22		12.32	28.85	18.76	12.74	22.69		17.67		29.25		15.84	19.64			24.09	13.53	28.43
17.88	11.08	14.16	7.92	14.97	13.56	17.13	21.77	11.46	8.56	12.14	12.33	16.85	13.65	6.50	16.39	15.86	18.94	16.15	21.91	13.45	24.59	22.11	12.34	24.03	19.41	17.73	13.85	33.49	14.77	14.26	21.69	16.99	10.02	21.40	15.61	23.97
28.5	17.1	23.7			25.4	28.5			18.1	21.1	22.2		25.8	24.9	29.0	26.3		25.9		20.6	38.6	30.8	23.6	34.6		33.5		39.8		30.4	33.7			33.8	25.5	37.5
30.2	20.2	26.4	19.8	33.2	25.9	30.1	32.7	19.3	15.4	21.8	21.3	28.4	25.3	30.1	29.4	26.7	32.0	25.6	30.1	22.4	35.2	35.1	23.5	36.3	33.3	34.8	24.5	42.7	26.4	28.7	35.6	28.6	17.8	31.4	29.1	32.4
29.7	18.0	24.8			26.50	29.9			19.1	22.1	23.3		27.0	26.1	30.4	27.6		27.1		21.8	40.2	32.1	24.7	36.1		34.8		41.4		31.9	35.2			35.3	26.8	39.1
31.5	21.2	27.5	20.8	34.7	27.0	31.4	34.1	20.1	16.2	22.8	22.3	29.7	26.5	31.5	30.8	27.9	33.1	26.9	31.4	23.6	36.7	36.6	24.5	37.8	34.7	36.3	25.6	44.3	27.6	30.2	37.0	29.9	18.9	32.8	30.5	33.8
906	964	878			860	951			1098	956	1041		972	963	944	991		1174		1200	1112	096	888	1032		754		1064		924	947			1146	950	1199
890	996	867	730	734	831	951	1053	903	1066	929	1019	956	912	961	918	972	797	1165	1201	1169	1096	951	870	1002	921	759	985	1087	830	902	922	886	1222	1107	955	1153

1147	1139	24.0	19.5	22.9	18.6	15.05	11.80	47.77	48.64	22.96	21.79	4.90
800		33.6	•	32.3		18.41	-	36.43		18.05		4.01
770	796	38.8	39.0	37.5	37.7	22.77	23.73	35.93	37.10	17.39	18.14	3.99
1025		33.8		32.3		20.17		39.55		19.25		3.97
1179	1140	32.3	28.8	30.8	27.5	21.76	19.24	45.70	47.63	22.81	22.33	4.64
841		27.8		26.7		13.94		36.11		17.52		3.94
1160	1175	34.2	33.0	32.7	31.6	23.38	22.41	44.98	45.44	22.42	21.04	5.19
1123	1110	17.8	19.7	16.9	19.7	10.41	12.20	48.11	46.77	13.22	22.29	5.56
862	698	21.4	19.6	20.4	18.7	10.56	98'6	38.80	40.44	18.86	20.16	3.83
1031		35.9		34.3		21.35		38.16		19.34		4.07
1133	1153	23.9	27.3	22.8	26.0	14.96	17.07	47.67	45.54	21.93	21.68	5.55
1014	1060	30.7	30.6	29.4	29.3	19.14	19.53	43.20	44.23	20.49	21.73	4.73
1006		23.6		22.5		12.41		40.17		19.19		4.33
1056	1063	23.3	24.80	22.3	23.6	13.32	14.03	43.73	42.51	21.56	20.71	4.55
900	895	29.6	27.1	28.4	25.9	15.83	13.86	37.60	37.21	17.26	17.39	4.74
1106	1136	30.6	35.0	29.2	33.4	18.78	21.84	42.65	40.58	20.28	20.17	5.49
1072		31.2		29.9		19.81		43.57		20.42		5.25

2	d2																																			\Box
FM_per2	FM_append2		15.45				5.73	7.06	8.15	6.33	5.93	5.25	7.78		8.31	7.97		9.15	7.76	10.35		90'9		5.75	9.14	9.13	5.38	5.09		10.01	7.01	14.43	10.29		8.97	
FM_per1	FM_append1 FM_	12.47	12.38	8.95	9.34	3.84	4.49	6.94	8.03	8.07	6.01	6.10	8.98	4.91	8.58	8.19	10.69	7.85	7.53	9.47	5.05	4.85	13.89	6.07	9.17	8.21	5.71	5.70	8.43	10.67	6.78	14.14	10.76	10.22	7.77	13.81
FM legs2	FM legs2		12.81				5.08	6.11	6.95	5.27	5.23	4.14	6.22		6.44	6.58		7.82	6.34	8.70		5.24		4.88	80.8	6.75	4.34	4.09		8.20	5.97	11.70	7.98		7.35	
FM legs	FM legs	10.14	10.75	7.73	7.87	3.37	36'8	86'9	7.03	6.18	5.24	99'4	7.04	4.30	09'9	6.74	8.34	6.85	6.27	7.86	4.14	4.39	10.46	5.12	7.70	6.23	4.48	4.32	7.17	8.73	5.75	11.83	9.00	99'8	6.62	9.99
FM arms2	FM arms2		2.64				0.65	0.95	1.20	1.06	0.71	1.11	1.56		1.87	1.39		1.32	1.42	1.64		0.82		28'0	1.06	2.37	1.04	1.00		1.81	1.04	2.74	2.31		1.62	
FM_arms	FM_arms	2.34	1.63	1.22	1.46	0.47	0.54	96'0	1.00	1.89	0.77	1.43	1.94	0.61	1.98	1.45	2.35	0.99	1.26	1.61	06.0	0.46	3.43	0.95	1.47	1.98	1.23	1.38	1.26	1.94	1.03	2.31	1.76	1.56	1.14	3.82
FM_tr2	FM_tr2		11.57				3.45	4.21	6.19	5.05	4.93	6.52	66.9		11.02	6.94		8.45	4.49	8.63		4.26		3.51	5.25	10.53	4.66	5.31		10.70	6.93	12.19	7.82		6.70	
FM_tr	FM_tr	9.60	9.49	5.26	7.51	3.63	1.98	3.82	6.25	80.9	4.62	6.04	7.89	2.34	9.84	6.18	6.46	7.52	3.53	8.58	3.85	3.49	14.30	4.44	4.25	8.36	4.95	4.69	5.74	10.49	6.75	12.45	7.72	9.99	6.38	15.96
Appen_2	ean.Appen_		20.32				15.41	16.74	19.84	19.13	17.63	14.35	18.10		16.24	20.63		18.42	21.13	19.65		16.54		18.64	17.02	17.55	16.07	14.78		17.15	18.00	17.54	20.63		16.28	
Appen_1	ean.Appen_	18.98	19.36	18.55	17.78	16.04	16.39	17.70	18.79	17.73	18.88	15.64	17.56	22.82	16.55	21.54	18.46	17.22	20.56	19.70	16.74	14.41	21.63	17.28	17.41	17.99	16.94	16.18	19.29	16.52	18.39	15.88	21.00	17.02	15.43	20.57
LTM legs2	LTM legs2		15.81				12.05	13.04	15.27	14.54	13.67	10.87	13.44		12.63	15.93		13.89	15.89	15.57		12.57		14.27	13.17	12.86	12.28	11.40		13.27	13.72	12.93	15.20		11.97	
LTM legs	LTM legs	14.58	15.10	14.08	13.98	12.35	13.02	13.37	14.91	13.27	14.47	11.88	12.81	17.91	12.74	16.67	14.04	13.05	15.64	15.46	12.60	11.14	16.28	12.73	13.33	13.36	12.73	12.29	14.96	13.16	14.07	11.93	15.94	12.63	11.80	14.80
LTM arms2	LTM arms2		4.51				3.36	3.70	4.57	4.58	3.97	3.48	4.66		3.62	4.70		4.53	5.24	4.08		3.97		4.37	3.85	4.69	3.79	3.38		3.88	4.28	4.61	5.43		4.31	

19.08 18.33	8.66 7.79 4.00 3.30	2.06	2.14	6.09	6.09	8.14 8.23 6.02 4.93
17.18		1.24	1.15	5.30	5.25	
		0.82		2.25		3.06
11.13 7.60		1.60		4.54		6.14
15.61 16.20 5.60	5.62	1.16	1.17	5.71	5.55	6.86 6.72
16.62 16.97 7.23	6.50	1.62	1.42	6.82	89.9	8.44 8.10
19.96		2.41		8.98		11.39
26.31 4.38	88	0.84	12.00	5.71		6.54
20.19 20.67 3.	3.08 3.99	0.79	0.86	3.70	4.61	4.50 5.47
18.57 18.16 5.3	5.26 4.74	0.94	0.97	5.04	4.81	5.98 5.79
20.22 20.49 4.	4.23 4.89	4.61	1.10	5.86	5.98	10.46 7.08
18.83 6.65	92	1.66		7.23		8.89
16.26 16.01 6	6.53 7.22	1.37	1.18	4.98	4.85	6.35 6.03
15.15 15.27 6.	6.50 5.42	1.39	1.06	6.73	5.43	8.11 6.50
16.07 15.88 6.	6.95 6.64	1.14	1.22	68.9	6.54	8.03 7.76
18.63 17.73 6.9	6.91 7.30	1.90	1.78	5.94	5.41	7.84 7.19
16.58 8.	8.51	1.58		7.66		9.24
20.66 20.94 6.43	13 6.79	1.49	1.55	6.92	7.41	8.41 8.97
22.17	9.42	1.81		9.18		10.99
17.64 19.65 6	6.71 5.35	96.0	1.24	4.71	4.76	5.67 6.00
19.25 20.49 1	11.30 12.45	1.97	3.58	9.82	11.16	11.79 14.74
16.73 16.97	10.29 9.12	2.16	1.63	8.18	6.81	10.34 8.44
17.05 17.10	5.75 5.46	1.07	1.31	4.55	4.94	5.62 6.25
17.98 17.74	10.03 9.54	3.36	2.47	8.97	8.90	12.33 11.38
16.23	9.48	1.73		6.86		8.59
13.44 14.46	7.32 7.68	1.44	1.39	7.42	7.16	8.86 8.55
18.57	5.06	1.35		6.12		7.48
20.72 20.26	13.73 11.61	4.04	2.91	13.80	12.96	17.83 15.88
17.04	6.30	2.02		5.36		7.38
13.88 14.14 6	6.44 7.15	1.30	1.52	5.37	00.9	6.67 7.52
16.56 16.30 9	9.38 8.56	2.52	2.05	8.22	79.7	10.74 9.72
18.54	6.36	2.37		96.9		9.33
18.60	4.53	0.73		3.91		4.64
20.31 20.84		2.29	2.28	8.87	10.30	11.15 12.58
15.82 16.81	6.76 9.83	3	0.84	7.38	6.63	8.47 7.46
22.31 20.22		50.1				The same of the sa

	_				1	1	Г	_	T			Г		I	1	T
6.44		12.20		10.62		12.35	6.03	5.03		9.30	9.03		6.70	6.80	9.87	
69.7	8.94	12.04	9.23	11.33	6.70	11.71	5.20	5.57	9.99	8.58	9.55	6.25	6.49	7.94	96.8	11.29
5.61		9.89		9.47		9.71	5.03	4.20		7.85	6.96		5.57	5.53	7.55	
6.59	7.31	9.26	7.25	9.91	5.42	9.47	4.32	4.72	8.34	7.13	7.49	5.13	5.34	6.43	7.05	8.61
0.83		2.31		1.16		2.64	1.00	0.83		1.44	2.07		1.13	1.27	2.33	
1.10	1.63	2.77	1.98	1.41	1.28	2.24	0.89	0.85	1.65	1.45	2.06	1.12	1.15	1.51	1.91	2.68
4.07		10.21		6.90		8.34	5.10	3.98		6.01	9.21		90'9	00'9	10.68	
5.94	8.14	9.43	9.58	8.54	6.16	9.36	4.26	3.95	9.88	4.72	8.21	5.10	99'9	6.73	8.66	6.93
24.05		17.31		23.18		22.04	21.46	17.64		21.82	19.71		18.72	17.39	17.94	
21.87	16.16	16.72	17.68	17.95	16.16	20.11	21.92	17.32	16.66	23.68	19.94	18.20	19.01	17.95	19.76	21.04
18.68		13.33		18.22		16.63	16.21	13.53		16.85	14.75		14.34	12.79	12.99	
16.97	12.15	12.72	13.71	13.31	12.22	14.93	16.35	13.49	12.58	18.13	15.21	13.87	14.46	13.21	14.28	15.80
5.37		3.98		4.96		5.41	5.25	4.11		4.96	4.96		4.37	4.60	4.94	

7	93 93 28	261.0 193.0 147.0 228.0 228.0 188.0 1771.0	261.0 193.0 147.0 228.0 228.0 171.0 171.0 196.0 231.0	261.0 193.0 147.0 228.0 206.0 171.0 196.0 196.0 196.0 231.0	193.0 147.0 228.0 228.0 206.0 177.0 196.0 196.0 231.0 231.0 213.0 213.0 213.0	261.0 193.0 147.0 228.0 228.0 171.0 196.0 196.0 231.0 231.0 231.0 231.0 231.0 231.0 231.0 213.0 213.0 213.0 213.0	261.0 193.0 147.0 228.0 206.0 198.0 198.0 198.0 198.0 198.0 231.0 231.0 231.0 213.0 213.0 213.0 214.0 214.0 214.0
219.0 207.0 211.0							
n/a	n/a 518 n/a 323	518 518 10/a 323 10/4 10/a 10/a	518 518 10/a 323 10/4 11/6 508 508	17/a 518 17/a 17/a 323 17/a 304 11/6 11/6 508 508 239 1300 378	518 104 104 108 508 508 508 508 508 1300 1300 1300 1400 1400	518 10/a 10/a 323 323 10/4 116 116 508 508 239 1300 378 1400 163 163 10/a 10/a	11/a 11/a 11/a 11/a 11/a 11/a 11/a 11/a
n/a n/a 83	n/a n/a 83 164 74 74 n/a	n/a n/a 83 83 164 74 74 n/a 0/a 388 388	n/a n/a 83 83 83 74 74 74 74 76 76 77 77 76 77 77 77 77 77 77 77 77	1/4 1/4 1/4 1/4 1/4 1/4 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
1.15							
1.28							
1							
	43.40 39.71 37.70	39.71 39.71 37.70 38.90 38.90 40.80	43.40 39.71 37.70 38.90 38.90 40.80 40.80 36.40 34.30 48.30	39.71 37.70 38.90 38.90 40.80 40.80 36.40 36.40 36.40 36.40 48.30 48.30 39.20	39.71 37.70 38.90 38.90 38.90 40.80 36.40 36.40 10/a 41.50 35.70	39.71 37.70 38.90 38.90 38.90 40.80 40.80 34.30 48.30 41.50 35.70 35.70 35.60 36.40	39.71 37.70 38.90 38.90 38.90 40.80 40.80 40.80 34.30 48.30 10/a 41.50 35.70 35.00 36.00 36.00 36.00 36.00 36.00 36.00 36.00 36.40
1 36.60							
2.101	2.292	2.292 2.292 2.292 2.151 2.020 2.184	2.101 2.292 2.292 2.151 2.020 2.184 2.133 3.135	2.101 2.292 2.292 2.020 2.020 2.184 2.133 3.135 3.135 2.379	2.101 2.292 2.292 2.151 2.020 2.184 2.133 3.135 2.379 1.379 1.371 1.371	2.101 2.292 2.292 2.292 2.151 2.184 2.133 3.135 3.135 3.135 1.971 1.924 1.988 1.988 1.988 1.988	2.101 2.292 2.292 2.292 2.151 2.154 2.133 3.135 2.379 1.871 1.924 1.988 1.983 1.652 2.63 1.652 1.763

	n/a 191		1.08	n/a 1.16	237	435	206.0	213.0	173.0
49.90 196		196	1.18	1.17	90	143	177.0	211.0	157.0
188			1.19		493		142.0		123.0
213			1.04		n/a		161.0		136.0
38.90 193		183	1.06	1.13	0	216	205.0	159.0	170.0
51.10 197		197	1.13	1.11	478	n/a	195.0	195.0	165.0
190	-		1.20		790		181.0		166.0
195			1.14		n/a		203.0		164.0
50.70 201		200	1.15	1.11	n/a	n/a	199.0	193.0	167.0
40.10 194	1	182	1.23	1.23	236	453	184.0	196.0	164.0
50.10 187		187	1.12	1.18	281	366	192.0	220.0	159.0
184	l l		1.09		516		188.0		161.0
26.80 180		194	1.08	1.08	519	909	204.0	214.0	172.0
34.80 193		198	1.22	1.20	724	727	181.0	169.0	151.0
45.00 177		189	1.21	n/a	65	343	187.0	211.0	164.0
38.70 192		192	1.15	1.15	256	247	201.0	209.0	163.0
171			1.21		604		187.0		171.0
40.20 170	- 1	168	1.15	1.09	486	383	217.0	227.0	188.0
201	- 1		1.16		294		231.0		211.0
41.34 190		192	1.13	1.06	736	703	216.0	226.0	181.0
37.10 184		179	1.18	1.23	205	277	213.0	216.0	193.0
32.90 195		188	1.15	1.12	20	54	198.0	180.0	177.0
43.70 200		200	1.12	1.19	n/a	367	210.0	194.0	176.0
37.29 186		188	1.15	1.05	223	340	227.0	246.0	186.0
190			1.12		205		201.0		177.0
31.44 190		191	1.16	1.13	113	9	208.0	215.0	173.0
182			1.19		n/a		189.0		159.0
36.30 188		185	1.19	1.12	678	94	195.0	210.0	176.0
190			1.10		266		209.0		165.0
39.30 194		198	1.27	1.22	287	260	170.0	176.0	149.0
44.70 191		190	1.07	1.16	261	154	189.0	192.0	169.0
190			1.16		n/a		210.0		180.0
185			1.32		228		207.0		182.0
40.40 181		189	1.08	1.11	480	125	227.0	234.0	183.0
40.10 186		184	1.15	1.17	136	179	197.0	157.0	155.0
30.00 200		170	1.19	1.15	561	1335	233.0	249.0	192.0

3.466	3.793	52.20	58.90	188	179	1.16	1.18	377	462	222.0	208.0	180.0
1.800		33.62		222		1.18		330		204.0		173.0
1.800	1.606	27.80	25.10	187	167	1.12	1.02	342	83	189.0	206.0	167.0
2.255		35.80		196		1.13		100		197.0		176.0
2.513	2.396	35.80	34.04	189	186	1.18	1.15		499	216.0	211.0	182.0
₩.800		₩ 43.05		183		1.10		273		189.0		157.0
2.768	2.925	39.60	41.20	173	178	1.19	1.11	530	986	225.0	205.0	178.0
1.800	2.385	43.05	38.90	189	192	1.25	1.22	658	n/a	206.0	193.0	176.0
2.389	2.359	44.90	44.10	199	193	1.12	1.09	487	276	189.0	191.0	158.0
1.890		19.80		191		1.12		237		189.0		154.0
3.158	2.937	49.04	44.50	196	187	1.14	1.11	171	176	231.0	220.0	188.0
2.851	2.719	44.00	40.70	192	184	1.14	1.15	645	228	220.0	226.0	190.0
2.210		40.40		205		1.22		n/a		176.0		159.0
2.931	2.637	48.60	43.80	184	177	1.08	1.14	147	159	196.0	227.0	166.0
2.066	2.463	36.90	43.60	190	180	1.07	1.08	550	490	189.0	189.0	160.0
2.186	2.022	35.20	30.50	191	188	1.12	1.05	989	679	207.0	200.0	159.0
2.626		39.20		190		1.16		301		267.0		220.0

KMK 1	KMK_Z	3	KQ2	IVI_dDS I	- COI :	M abot	# 100 m			cinig into	1 defined in 2 &
RMR_1	RMR_2	RQ	RQ2	M_abs1	M_corr1	M_abs2	M_corr2	M_FFM1	M_FFM2	Fasting Ins 1	Fasting Ins 2
1420.0		0.85		642.9	654.7			16.33		5.40	
1530.0	1780	0.92	0.81	339.4	345.5	500.29	515.44	8.29	12.36	9.9>	9.9>
1400.0		0.80		341.6	347.7			9.29		6	
1460.0		0.87		352.3	326.3			8.28		œ	
1120.0		98.0		480.0	445.1			11.87		80	
1190.0	1320	06.0	0.84	282.8	261.7	204.00	210.08	7.11	5.90	9.9>	<6.6
1270.0	1020.0	0.91	0.92	365.4	371.9	442.95	456.34	9.91	12.32	\$ >	<5>
1410.0	1580.0	0.80	08.0	434.6	402.8	447.43	460.96	99.6	10.89	8.50	10.30
1270.0	1420.0	98.0	0.85	325.9	331.6	423.00	435.79	89.8	10.69	9.50	\ \$5
1320.0	1290.0	0.82	0.84	344.3	350.4	385.53	397.17	8.67	9.79	6.25	6.95
1200.0	1190.0	0.83	0.93	503.3	512.5	504.00	519.26	14.86	15.06	\$	6.40
1220.0	1340.0	0.85	0.84	305.7	311.1	374.60	385.90	8.09	9.34	\$	\$
1610.0		0.81		505.9	515.1			11.11		\$	
1400.0	1370.0	0.85	98.0	326.5	332.3	407.95	420.27	8:28	10.57	8.25	9'9>
1580.0	1570.0	0.77	0.82	451.3	459.5	436.70	449.90	9.97	69'6	5 >	5.60
1540.0		0.85		377.0	383.7			86.6		\$ >	
1180.0	1280.0	0.89	06'0	395.4	402.5	425.91	438.78	10.47	11.16	<5	<6.6
1530.0	1560.0	0.83	0.83	522.7	532.2	482.00	496.59	12.38	11.59	6.25	6.25
1450.0	1450.0	0.83	0.82	309.4	314.9	454.28	468.02	7.34	11.26	7.70	6.60
1130.0		68.0		328.1	333.9			8.37		5.45	
1220.0	1440.0	0.85	68'0	310.0	315.5	305.37	314.55	9.14	8.26	9.9>	<6.6
1540.0		0.87		298.7	304.0			6:39		8.25	
1370.0	1350	0.82	0.83	279.4	284.3	345.29	355.70	7.18	8.95	9'9>	7.00
1250.0	1510.0	0.82	62'0	592.4	603.2	583.54	601.24	16.39	15.79	<5	<5
1330.0	1420.0	0.82	98'0	191.4	194.6	209.91	216.17	4.82	5.31	6.75	
1460.0	1440.0	0.77	0.84	353.3	359.6	n/a	n/a	9.13	n/a	36.70	n/a
1030.0	1210.0	0.88	0.92	336.1	342.1	316.27	325.79	9.46	60'6	<6.6	9.9>
1350.0		98.0		375.9	382.6			9.48		6.90	
1370.0	1430	06.0	94.00	222.2	205.4	255.00	262.64	5.71	6.98	12.10	11.95
1290.0	1320.0	0.88	0.84	458.9	467.2	452.54	466.23	11.71	11.63	\$ >	\$
1380.0	1410.0	0.90	98.0	246.9	228.3	333.00	343.03	6.26	8.96	10.60	9.45
1600.0	1490.0	0.83	98'0	480.0	488.7	516.00	531.63	11.25	12.14	6.80	8.15
1490.0		0.85		297.4	302.6			7.86		8.40	
1300.0	1460.0	0.82	0.84	458.1	466.4	329.70	339.63	13.27	9.25	7.40	7.20
47000		60.0		640.4	0 100			40.07			

7.30	9.9>	9.9>			9.85	<5			<6.6	9.00	5.25		7.20	5.60	13.20	<5		<5		\$	n/a	11.20	<5	<5		6.70		<5		<6.6	6.15				7.50	<5
10.95	9.9>	9.9>	<6.6	5.05	8.25	7.10	\$ >	\$	9.9>	9.00	5.90	9.9>	6.85	5.70	14.00	<5	12.20	<5	9.9>	<5	<6.6	10.75	67.45	\$	<5	6.70	~2	5.40	<5	7.25	6.10	<5	7.95	9.9>	9.40	<5
8.24	11.19	7.43			13.78	15.13			12.68	4.94	6.61		10.33	11.25	8.33	90.6		12.79		12.49	n/a	5.39	17.50	17.21		6.83		12.84		14.40	13.08			18.79	12.21	13.44
7.42	13.10	6.72	12.79	7.89	11.46	13.14	1.61	10.75	11.24	4.85	12.20	9.64	11.71	8.78	12.06	10.21	11.03	10.34	17.16	12.17	12.57	7.03	16.50	11.46	60.6	7.16	12.54	13.86	9.79	10.68	12.80	13.75	5.56	8.53	10.23	15.80
334.83	470.66	295.74			518.3	567.40			566.94	199.78	287.81		401.2	418.27	301.81	369.53		591.68		552.84	n/a	213.9	680.18	690.64		225.98		531.63		486.29	473.59			830.9	452.13	595.21
325.04	456.84	287.11			558.71	550.71			550.26	194.00	279.42		432.86	406.00	293.00	358.71		574.26		536.58	n/a	231.42	660.14	670.29		219.43		516.00		472.00	459.68			894.84	438.86	65.773
288.7	540.6	250.4	386.2	222.8	419.6	490.8	8.79	489.7	497.9	199.5	523.6	384.8	444.3	308.8	445.1	419.3	421.9	453.6	819.9	529.2	533.3	269.3	627.0	452.6	332.2	223.1	503.7	583.3	379.4	352.6	471.8	547.5	239.0	374.0	364.5	740.7
283.7	530.9	246.1	379.4	219.0	408.9	482.0	6.99	481.0	489.0	216.0	514.3	378.0	432.9	303.4	480.0	411.9	414.4	445.6	805.0	519.7	574.9	263.1	615.7	444.6	326.4	219.3	494.7	572.9	372.7	380.6	463.4	537.7	258.4	367.4	358.1	727.3
0.88	0.84	98.0			1.13	0.87			0.83	0.89	0.78		98.0	0.87	0.81	0.82		08.0		0.82	98.0	0.88	0.81	0.00		0.81		88'0		00'98	28'0			0.82	0.85	0.78
0.84	0.82	0.88	0.87	0.85	0.83	0.85	0.92	0.81	0.84	0.89	0.83	0.85	0.84	0.84	0.88	0.81	0.91	0.86	0.91	0.84	0.91	0.89	0.84	0.82	88.0	0.83	0.85	0.91	0.79	0.88	06.0	98.0	0.88	0.80	0.79	0.82
1480.0	1440.0	1450.0			1160	1350.0			1320.0	1360.0	1480.0		1470.0	1160.0	1440.0	1442.0		1540.0		1540.0	1480.0	1250.0	1320.0	1720.0		1460.0		1450.0		1210.0	1320.0			1600.0	1070.0	1680.0
1410.0	1380.0	1230.0	970.0	1115.0	1400.0	1340.0	1260.0	1380.0	1365.0	1270.0	1310.0	1290.0	1400.0	1230.0	1290.0	1360.0	1300.0	1500.0	1610.0	1480.0	1490.0	1370.0	1440.0	1550.0	1390.0	1420.0	1290.0	1360.0	1410.0	1170.0	1310.0	1450.0	1430.0	1540.0	1340.0	1596.0
187.0	176.0	182.0			178.0	171.0			159.0	176.0	172.0		184.0	146.0	172.0	172.0		182.0		184.0	185.0	159.0	158.0	221.0		174.0		184.0		150.0	166.0			191.0	133.0	195.0

<5		14.00		7.10		8.05	<5	< 5		7.55	7.30		8.40	8.40	8.50	
		1		7		8				7	7				-	
<5>	8.40	9.45	9.9>	9'9>	5.70	7.70	\$>	\$°	11.65	7.55	11.05	5.40	11.30	8.40	5.20	7.35
13.67		6.66		11.37		15.16	15.86	13.22		10.37	8.55		9.20	9.42	6.41	
9.69	9.10	7.25	8.27	10.82	9.34	11.83	15.54	88.6	12.59	12.35	9.77	11.91	6.14	9.83	9.45	8.25
664.99		247.16		541.33		0.689	741.87	534.72		472.2	378.1		390.9	350.52	259.96	
645.40		239.98		525.41		742.28	719.99	519.00		509.14	407.99		421.70	340.27	252.40	
462.9	331.6	260.6	327.1	494.6	337.2	532.4	747.5	383.2	489.2	588.8	422.2	478.4	268.4	369.5	402.8	359.4
454.7	325.9	256.1	321.4	485.8	329.0	522.8	727.0	376.4	480.4	573.0	411.4	469.9	262.3	363.0	395.7	353.1
0.84		0.83		0.89		0.83	0.87	0.88		98.0	0.87		0.83	0.88	0.82	
0.81	0.85	68'0	0.89	0.85	0.83	0.79	0.85	0.84	82.00	0.81	98.0	0.91	0.84	0.85	0.77	0.82
1430.0		1400.0		1470.0		1470.0	1330.0	1320.0		1510.0	1570.0		1550	1300.0	1360.0	
1510.0	1400.0	1310.0	1385.0	1480.0	1290.0	1530.0	1420.0	1290.0	1280.0	1570.0	1520.0	1220.0	1340.0	1300.0	1390.0	1830.0
176.0		169.0		188.0		170.0	167.0	167.0		188.0	198.0		188.0	166.0	164.0	

0.5	2.0		16				33	99	00	33	20	9	99		00	20		33	16	83		80		16	33		æ	99		33	16	99	33		33
Glu 60, 2	Glu 60' 2		71.16				80.33	87.66	81.00	84.33	76.50	76.00	83.66		84.00	80.50		77.33	77.16	77.83		69.80		77.16	77.33		n/a	81.66		81.33	78.16	84.66	98.33		74.33
Glu 30. 2	Glu 30' 2		74.50				74.00	71.00	00'08	74.00	75.83	67.00	76.33		86.16	71.33		74.66	71.83	79.33		69.83		73.33	79.83		n/a	80.83		26.66	155.50	89.16	196.33		73.50
Glu 0' 2	Glu 0' 2		72.00				70.00	80.00	76.00	77.00	71.00	70.00	76.00		83.00	74.00		76.00	76.00	74.00		75.00		73.00	80.00		n/a	80.00		75.00	77.00	87.00	75.00		76.00
Glu -10, 2	Glu -10' 2		73.00				71.00	74.00	77.00	78.00	73.00	68.00	00'62		83.00	73.00		77.00	76.00	74.00		72.00		74.00	79.00		n/a	81.00		75.00	76.00	86.00	73.00		76.00
Ave Glu 1	Ave Glu 1	75.45	78.00	76.12	76.62	79.20	75.45	76.91	72.74	77.12	72.91	77.24	80.70	69.41	82.74	73.91	72.24	74.74	78.28	78.24	75.91	72.49	83.33	78.45	72.62	81.58	69.95	76.03	78.99	78.18	74.49	83.57	78.45	75.40	n/a
Glu 120' 1	Glu 120' 1	78.50	73.33	73.83	75.83	99.08	71.66	75.66	71.00	76.16	00.89	82.00	79.00	71.00	84.16	71.00	71.66	74.00	76.83	78.66	76.00	75.66	85.66	81.33	74.83	80.50	69.16	75.33	79.50	75.50	74.16	83.33	78.33	75.30	n/a
Glu 90. 1	Glu 90' 1	77.33	77.83	75.33	75.33	78.66	72.83	78.66	75.66	75.16	71.16	78.66	82.66	66.83	87.16	78.50	73.83	74.83	81.66	74.16	73.66	69.83	81.00	76.83	73.83	80.83	74.00	74.33	78.83	99.92	74.50	85.16	79.66	76.50	112.00
Glu 60' 1	Glu 60° 1	74.33	85.66	75.33	81.00	78.00	78.00	72.33	72.00	99'92	79.66	78.83	78.33	71.50	83.50	71.00	74.33	74.83	74.66	76.66	75.66	72.33	78.50	77.00	74.16	80.50	68.33	75.16	84.16	81.75	77.83	83.16	77.66	75.50	95.00
Glu 30. 1	Glu 30' 1	71.66	75.33	80.00	74.33	79.50	75.33	81.00	72.33	80.50	71.16	69.50	82.83	68.33	76.16	75.16	69.16	75.66	80.00	83.50	78.33	72.16	88.16	78.66	67.66	84.50	68.33	79.33	73.50	78.83	71.50	82.66	78.16	74.33	72.16
Glu 0' 1	Glu 0' 1	77.00	76.00	72.00	74.00	80.00	71.00	75.00	72.00	75.00	70.00	78.00	76.00	68.00	83.00	72.00	75.00	72.00	78.00	76.00	75.00	64.00	83.00	70.00	77.00	74.00	68.00	78.00	80.00	70.00	76.00	83.00	80.00	67.00	76.00
Glu - 10' 1	Glu - 10' 1	80.00	74.00	72.00	76.00	80.00	69.00	75.00	72.00	74.00	00.99	77.00	77.00	68.00	87.00	75.00	70.00	77.00	79.00	75.00	76.00	65.00	83.00	n/a	73.00	79.00	69.00	79.00	79.00	68.00	75.00	82.00	80.00	67.00	76.00
lns_2	Ins_2		71.23				66.37	71.50	76.40	83.00	123.00	91.00	76.90		74.30	71.00		63.23	65.00	81.27		49.97		68.70	63.43		n/a	57.70		82.10	100.47	73.30	91.50		93.00
Ins_1	lns_1	109.00	50.87	72.00	71.03	89.80	59.33	85.27	70.77	68.30	06.69	88.00	77.60	50.96	57.83	78.00	66.17	85.00	88.00	66.23	106.00	57.83	74.93	66.20	86.90	78.00	57.00	54.00	69.00	70.36	85.40	81.33	62.06	47.85	103.00

79.83	78.83	83			76.16	83			74.16	77.16	83.16		75.00	99.77	85.66	85.00		73.83		73.33	70.16	75.50	73.50	76.83		86.00		78.50		78.16	85.50			72.50	77.50	75.93
79.	78.	76.83			76.	76.83			74.	77.	83.		75.	77.	85.	85.		73.		73.	70	75.	73.	76		88		78		78	85			72	77	1
75.33	72.66	76.66			74.00	69.83			77.50	78.00	80.83		73.50	81.00	82.16	76.16		72.16		71.00	99.07	70.33	02'59	65.33		73.66		71.83		99'72	73.00			65.83	75.66	67.60
75.00	76.00	77.00			73.00	74.00			76.00	72.00	74.00		75.00	81.00	81.00	76.00		77.00		74.00	72.00	70.00	80.00	80.00		74.00		79.00		79.00	79.00			78.00	76.00	75.00
79.00	76.00	80.00			75.00	76.00			66.00	75.00	78.00		78.00	79.00	82.00	81.00		76.00		76.00	76.00	71.00	81.00	78.00		70.00		80.00		82.00	82.00			77.00	75.00	70.00
80.74	72.33	79.99	79.37	80.49	72.53	73.74	100.24	75.91	70.28	81.83	79.83	78.04	74.78	80.78	75.29	73.24	84.62	75.37	70.58	72.74	73.82	83.12	76.03	74.53	80.74	79.87	87.77	77.74	76.03	73.24	71.37	70.46	79.20	75.99	77.91	72 12
77.50	72.50	79.83	87.16	78.16	71.83	74.50	81.00	75.83	72.66	80.00	82.33	78.00	74.16	76.66	76.00	72.83	75.50	75.33	09'82	72.83	75.16	86.50	77.50	74.50	81.83	79.16	78.83	83.00	73.66	71.16	73.50	72.50	79.50	75.16	74.50	75.46
79.16	74.33	79.50	79.50	80.16	76.00	74.16	85.66	73.83	72.83	83.66	77.50	76.50	76.83	82.83	73.50	72.16	96.50	75.00	73.50	73.83	74.16	84.50	74.66	75.16	82.66	75.00	78.16	82.16	70.83	71.50	70.00	71.50	78.16	75.66	75.50	72 66
99.68	73.83	85.66	79.66	81.50	72.16	73.66	121.66	72.66	09'89	83.50	78.00	73.33	76.16	81.00	77.33	77.50	81.50	76.16	69.16	09'69	72.33	82.66	74.33	99.77	77.16	81.00	77.00	78.50	78.16	73.33	74.33	67.16	79.33	75.00	83.16	72 46
82.66	99.89	75.00	71.16	82.16	70.16	72.66	112.66	81.33	99'.29	80.16	81.50	84.33	72.00	82.66	74.33	70.50	85.00	75.00	61.16	74.83	73.66	78.83	99'22	70.83	81.33	84.33	77.16	67.33	81.50	00'22	99.79	70.83	79.83	78.16	78.50	67.50
84.00	79.00	78.00	68.00	68.00	67.00	74.00	64.00	75.00	n/a	78.00	79.00	77.00	76.00	80.00	79.00	72.00	77.00	76.00	73.00	73.00	73.00	73.00	77.00	74.00	79.00	74.00	79.00	77.00	71.00	79.00	73.00	76.00	74.00	67.00	75.00	75.00
85.00	81.00	78.00	n/a	71.00	00.69	72.00	65.00	74.00	70.00	78.00	80.00	79.00	74.00	81.00	80.00	75.00	75.00	75.00	69.00	73.00	71.00	77.00	79.00	76.00	83.00	75.00	79.00	76.00	78.00	78.00	73.00	73.00	74.00	72.00	75.00	74.00
79.07	58.40	54.60			77.46	86.70			52.60	71.53	76.97		92.10	122.00	57.07	60.20		56.60		51.33	n/a	82.30	80.00	89.73		77.57		79.30		77.46	65.10			65.10	76.16	70.07
73.97	80.40	47.23	66.20	78.00	65.46	64.93	57.00	79.47	53.86	66.93	84.93	91.13	87.20	73.00	82.93	51.70	74.20	59.10	48.86	56.23	73.76	86.07	70.00	70.17	74.40	58.37	62.20	85.33	48.00	87.50	60.70	79.00	59.93	60.70	80.93	64.67

87.00	74.00	79.00	00'84	78.16	76.16	78.33	78.16	77.70	74.00	76.00	73.16	76.33
87.07		79.00	00'92	99'22	80.66	77.00	80.00	78.83				
78.63	77.73	79.00	75.00	75.50	79.50	76.00	76.16	76.79	80.00	79.00	81.16	89.83
57.43		77.00	73.00	74.66	85.66	77.83	74.50	78.16				
65.26	69.26	79.00	78.00	78.66	78.66	82.66	77.50	79.37	n/a	78.00	75.66	76.00
55.40		84.00	74.00	71.83	81.33	82.50	83.16	79.70				
70.63	92.20	76.00	74.00	73.16	75.66	73.66	73.16	73.91	78.00	77.00	73.16	73.00
61.00	71.30	75.00	77.00	66.33	73.83	74.50	78.50	73.29	75.00	80.00	99.08	72.66
93.00	103.00	75.00	75.00	72.33	79.83	74.16	76.83	75.78	75.00	76.00	69.16	75.66
80.74		80.00	78.00	77.00	73.83	80.50	76.83	77.04				
68.03	72.13	69.00	68.00	74.83	73.50	73.33	72.00	73.41	71.00	70.00	72.83	70.50
74.67	61.50	74.00	74.00	99'22	74.83	76.33	77.16	76.49	75.00	74.00	78.33	75.33
76.00		00.69	76.00	99.99	74.16	75.16	75.50	72.87				
75.30	67.10	71.00	73.00	78.16	81.16	88.50	86.00	83.45	71.00	73.00	73.16	73.66
97.13	98.03	76.00	74.00	71.66	73.50	78.33	72.83	74.08	71.00	73.00	79.50	74.83
102.00	92.00	72.00	70.00	81.33	76.50	75.00	76.50	77.33	70.00	70.00	68.83	74.00
61.43		81.00	81.00	82.33	81.16	83.16	75.50	80.53				

L2sc_1	L2sc_1	n/a	13233.00	n/a	13010.00	2344.00	2235.00	n/a		n/a	4207.00	n/a	n/a	n/a	19509.00	n/a	n/a	11943.00	n/a	15518.00	n/a	4524.00	n/a	5572.00	n/a	n/a	n/a	n/a	n/a		n/a		n/a	17743.00	n/a	n/a
glu_120	glu_120	102	72	77	94	29	72	78	139	69	81	51		90	66	68	92	101	79	111	73	134	9/	133	87	79	64	77	73	100	71	145	125	124	88	62
glu_0	glu_0	66	77	73	79	75	74	82	79	72	79	20		11	85	78	08	76	82	79	75	75	85	77	82	82	83	89	92	74	87	87	85	74	82	94
ins_120	ins_120	50.5	40.8	64.9	36.4		17.2	13.0	45.7	46.7	94.0	11.0	25.6	38.0	42.7	63.0	8.5	43.1	53.0	71.0	37.0	55.5	41.0	47.6	16.0	65.0	18.0	21.3	19.1	68.3	39.0	254.6	84.5	113.8	49.0	26.8
ins_0	ins_0	5.6	10.2	7.4	9.9		6.0	2.0	8.1	8.5	11.0	5.0	7.0	5.0	9.8	5.0	5.0	5.0	6.0	10.1	8.0	5.5	7.0	10.0	6.3	0.0	7.0	5.3	8.7	16.9	7.0	15.1	8.8	8.5	10.0	13.2
Ch_HDL1	Ch_HDL1	2.50	3.20	3.98	3.4	2.84	2.92	2.73	2.90	3.58	3.65	4.40	4.71	4.30	2.58	4.40	3.34	3.13	4.50	2.07	4.30	2.94	5.10	2.55	3.55	n/a	5.00	4.91	2.77	2.93	4.70	2.90	3.59	5.35	4.80	4.30
LDL_1	LDL_1	82	135	141	85	22	104	16	78	97	93	100	117	87	79	102	129	97	124	88	74	103	141	102	97	n/a	108	108	9/	96	96	107	116	140	105	147
HDL_1	HDL_1	64	69	63	54	99	61	73	67	84	43	34	41	33	29	36	99	52	39	111	28	62	38	11	47	n/a	32	34	52	09	32	99	56	37	38	53
Trig_1	Trig_1	89	73	236	215	120	99	49	85	134	107	11	174	117	136	101	117	89	89	153	85	28	63	87	117	119	100	126	82	107	112	84	144	105	189	138
Chol_1	Chol_1	158	219	251	182	156	178	199	4	172	157	149	193	143	173	158	217	163	177	230	119	182	192	196	167	167	160	191	144	176	149	190	201	198	181	228
Ave Glu 2	Ave Glu 2		72.99				198.12	78.78	81.04	78.87	76.91	71.66	80.58		83.41	75.37		75.99	75.41	78.74		86.89		73.62	79.41		n/a	79.24		79.41	97.12	85.37	112.87		73.62	
Glu 120' 2	Glu 120' 2		70.50				339.66	78.16	80.16	77.50	75.16	73.00	80.33		78.00	73.16		73.00	77.33	79.66		68.00		68.66	81.33		n/a	70.50		77.83	75.00	84.16	82.00		99'69	
Glu 90.2	Glu 90. 2		75.83				298.50	78.33	83.00	79.66	80.16	70.66	82.00		85.50	76.50		79.00	75.33	78.16		68.30		75.33	79.16		n/a	84.00		81.83	75.83	83.50	74.83		77.00	

n/a	10572.00	17852.00	15903.00	8819.00	8460.00	12532 00	5315.00	2/2		3352 00	12668 00	n/a	8645.00	9462.00	n/a	13606 00
78	86	111	112	78	102	92	6	5.	84	69	120	22	107		76	89
73	06	92	25	79	84	74	98	06	82	72	282	2	75		79	80
40.0	101.4	58.0	80.1	32.1	77.3	35.6	17.0	11.3	58.5	repeat	105.1	33.0	81.3	37.0	71.0	32.0
5.0	7.7	6.4	5.8	5.0	10.1	8.7	5.0	5.0	10.0	5.2	8.1	5.0	9.1	6.0	9.0	10.3
3.70	9.00	3.79	3.47	3.20	3.55	2.56	5.60	4.80	3.00	3.35	4.31	3.50	3.23	4.72	4.90	3.45
106	192	200	122	101	113	72	140	127	100	105	146	92	100	129	124	145
43	27	77	55	51	28	22	36	37	59	29	48	41	53	39	37	29
38	122	75	89	61	173	84	122	77	80	143	65	62	88	81	100	98
157	243	292	191	164	206	146	200	179	175	191	207	145	171	184	181	231
75.32		88.16		74.54		72.49	76.99	74.49		72.70	75.41		72.45	77.49	73.37	
74.66		90.16		70.00		70.33	77.50	77.33		70.16	73.33		70.66	77.16	75.33	
77.16		91.50		76.50		73.50	77.16	75.83		77.33	74.66		72.33	78.50	75.33	

L2sc_2	L2vis_1	L2vis_2	L4sc_1	L4sc_2	L4vis_1	L4vis_2	RTatt_1	RTatt_2	LTatt_1	LTatt_2	Avatt_1	Avatt_2
L2sc_2	L2vis_1	L2vis_2	L4sc_1	L4sc_2	L4vis_1	L4vis_2	LAM.Rgt_1	LAM.Rgt_2	LAM.Lft_1	LAM.Lft_2	verage.LAM	verage.LAM
	n/a		e/u		n/a		47.90		48.90		48.40	
18061.00	1944.00	2297.00	30197.00	37348.00	2536.00	3351.00	48.30	49.70	47.70	48.80	48.57	49.25
	n/a	•	8458.00		3474.00		47.00	•	47.90	•	47.45	•
	2826.00		20977.00		3364.00		51.90		50.80		51.35	
	2066.00		6604.00		1447.00		50.40		49.30		49.85	
2326.00	1236.00	1636.00	7264.00	n/a	3140.00	n/a	50.90	52.80	49.10	53.10	50.93	52.95
6493.00	n/a	1735.00	7809.00	12631.00	1438.00	3149.00	45.00	49.20	45.40	49.70	46.53	49.45
5367.00		2212.00		7020.00		2712.00		06'09		09'09		60.75
5279.00	n/a	2175.00	12936.00	12935.00	2883.00	2834.00	50.50	52.80	51.40	52.90	51.57	52.85
5440.00	3795.00	3140.00	5440.00	12841.00	3140.00	3069.00	50.80	n/a	50.10	e/u	50.45	n/a
11919.00	n/a	3155.00	14767.00	18821.00	3793.00	4074.00	49.80	51.30	51.30	49.40	50.80	50.35
9760.00	n/a	4051.00	18499.00	16102.00	3979.00	4205.00	48.20	50.80	48.10	20.90	49.03	50.85
•	n/a		2727.00	•	2023.00	•	48.80		50.10	•	49.45	
20344.00	8590.00	9454.00	34578.00	34305.00	5791.00	7259.00	49.80	50.60	49.50	50.30	49.97	50.45
7342.00	n/a	4712.00	17093.00	17340.00	3853.00	5078.00	n/a	51.50	n/a	49.50	51.50	50.50
	n/a	•	14333.00	•	2693.00	•	47.80	•	50.30	•	49.05	
13876.00	n/a	4509.00	22231.00	26000.00	3232.00	4426.00	46.90	52.50	47.60	51.10	49.00	51.80
6884.00	п/а	3232.00	10042.00	12909.00	3248.00	4635.00	50.10	50.30	48.00	51.40	49.47	50.85
13625.00	2506.00	2234.00	24221.00	26059.00	4174.00	3525.00	47.60	50.20	48.30	48.40	48.70	49.30
	n/a	•	8221.00	•	1895.00	•	n/a	•	n/a	ı	n/a	1
6471.00	1486.00	3101.00	7575.00	9040.00	2092.00	3024.00	47.20	51.00	47.10	50.20	48.43	50.60
•	n/a	1	35004.00	•	6033.00	•	45.70	•	46.60	•	46.15	•
4470.00	2880.00	2421.00	13539.00	13068.00	3539.00	3299.00	51.40	51.80	49.90	51.10	51.03	51.45
5457.00	n/a	1436.00	5306.00	n/a	3203.00	n/a	46.70	49.60	45.90	49.20	47.40	49.40
15777.00	n/a	7282.00	n/a	28180.00	n/a	6539.00	n/a	51.20	n/a	52.70	51.20	51.95
6520.00	n/a	2220.00	13150.00	11976.00	3929.00	3488.00	49.80	20.60	49.10	49.70	49.83	50.15
7792.00	n/a	3272.00	16136.00	13993.00	4288.00	4342.00	51.80	51.20	51.10	50.80	51.37	51.00
	n/a	•	10032.00	1	4467.00	•	n/a	•	n/a	1	n/a	
13423.00		6647.00		n/a	n/a	n/a		59.10		58.60		58.85
11815.00	n/a	3219.00	n/a	21447.00	n/a	3439.00	n/a	20.80	n/a	20.00	n/a	50.40
	1-1	00.707	04000	00 00700	4454 00	00 0707	ej s	69 40	9	20.00	e) a	20.05
15/91.00	n/a	2491.00	2/896.00	78450.00	4451.00	4046.00	E/2	04.00	70.00	99.90	11/a	99.99
- VO FOOL	2360.00	3438 00	7.136U.UU	17942 00	00.11.02 n/a	3091.00	n/a	52.90	07.00 U/a	52.10	00.10 10/a	52.50
1 004.00	n/a	20:501	36987 00	2017-211	8387 00		44.30	3	43.90	2	44.10	3
-	241		,,,,,,,,				333.					

11992.00	5291.00	5265.00	22683.00	23964.00	7993.00	6318.00	52.30	49.90	51.60	50.80	51.27	50.35
3847.00	1779.00	1616.00	13065.00	8812.00	2400.00	2116.00	51.10	n/a	51.00	n/a	51.05	
7484.00	4852.00	3416.00	19810.00	20239.00	4416.00	4666.00	52.50	52.40	49.80	49.80	51.57	51.10
•	3397.00	•	17414.00	•	3979.00	•	49.80	-	50.10	-	49.95	•
	5037.00	•	23255.00	1	3062.00		51.20	•	50.60	•	50.90	•
	4036.00		20798.00		4635.00		48.00		47.90		47.95	
12292.00	n/a	3587.00	•	20720.00	n/a	3224.00	n/a	51.80	n/a	51.90	n/a	51.80
•	n/a	•	16170.00	٠	4071.00	•	n/a		n/a			•
•	n/a	•	9490.00		2078.00	•	47.20	•	46.20	ı	46.70	•
5102.00	2061.00	3415.00	9809.00	8433.00	3558.00	3845.00	51.70	49.90	51.40	49.80	51.00	49.85
	2786.00		14192.00		3530.00		53.50		52.60		53.05	
4844.00	1591.00	2683.00	8120.00	8053.00	3188.00	3642.00	51.10	51.00	49.20	50.40	50.43	50.70
	3233.00	·	23822.00	2	4366.00		48.00	•	46.30	1	47.15	•
3266.00	2782.00	2368.00	17972.00	6486.00	2818.00	2677.00	48.50	50.70	47.50	20.00	48.90	50.35
7601.00	n/a	3061.00	14324.00	16507.00	2294.00	2478.00	50.90	54.00	49.10	53.40	51.33	53.70
13678.00	3651.00	4219.00	27723.00	25320.00	2931.00	2572.00	50.10	50.70	50.60	50.00	50.47	50.35
•	7726.00		24784.00		6522.00	•	44.60	-	44.00	•	44.30	
9642.00	4260.00	5854.00	12513.00	13401.00	2060.00	5558.00	46.20	49.60	45.00	49.60	46.93	49.60
•	5794.00	•	25894.00		5071.00	•	46.60		46.60	•	46.60	•
10623.00	n/a	3391.00	13871.00	21091.00	2851.00	1907.00	47.30	48.90	46.40	49.40	47.53	49.15
92.36	7762.00	71.15	21480.00	21355.00	6404.00	6869.00	50.00	50.50	50.30	49.60	50.27	50.05
11508.00	n/a	2915.00	12756.00	19587.00	2397.00	3365.00	50.20	52.80	51.40	52.70	51.47	52.75
14936.00	5417.00	4563.00	34014.00	29311.00	6173.00	4566.00	44.70	52.40	43.80	50.10	46.97	51.25
•	6342.00	ı	17753.00	•	6708.00	•	48.40	1	47.40	-	47.90	-
9829.00	2133.00	2981.00	20270.00	19871.00	4316.00	4373.00	53.00	53.00	52.40	52.90	52.80	52.95
1	n/a		11766.00	-	1658.00	•	48.50	•	48.90	•	48.70	•
17521.00	n/a	4344.00	n/a	40379.00	n/a	3628.00	n/a	49.80	n/a	49.80	49.80	49.80
1	5125.00	5	24819.00	-	3002.00	•	46.90	-	47.30	•	47.10	•
12698.00	n/a	4425.00	27934.00	26067.00	4581.00	5332.00	44.40	52.60	43.20	90'09	46.73	51.60
1	n/a	•	21250.00	1	3104.00	1	46.70	•	47.10	•	46.90	
18210.00	2694.00	4099.00	n/a	26343.00	n/a	4442.00	44.80	45.60	47.00	45.70	45.80	45.65
5186.00	3467.00	3063.00	10868.00	9387.00	4013.00	2809.00	50.80	n/a	51.40	n/a	51.10	n/a
18482.00	n/a	6848.00	17056.00	36109.00	4862.00	7300.00	43.90	48.40	44.80	45.70	45.70	47.05

3822.00	n/a	2104.00	15832.00	11728.00	3909.00	2599.00	n/a	50.90	n/a	49.90	50.90	50.40
	4697.00	•	15822.00	•	5280.00	•	47.80	•	45.50	ı	46.65	•
17978.00	4542.00	6105.00	29532.00	29838.00	4707.00	5420.00	48.30	49.30	48.70	49.00	48.77	49.15
	4763.00	•	22778.00	•	4968.00	•	49.40	•	49.30	•	49.35	•
7616.00	2413.00	2340.00	24254.00	23851.00	4062.00	3989.00	49.20	n/a	49.40	n/a	49.30	n/a
	3493.00		17685.00	•	5192.00	•	49.50	•	51.70	•	20.60	•
11622.00	2518.00	2013.00	24624.00	24992.00	3707.00	3776.00	49.00	51.50	48.80	51.10	49.77	51.30
6710.00	3237.00	4549.00	9813.00	11847.00	2128.00	2079.00	45.80	49.10	44.70	47.70	46.53	48.40
5465.00	n/a	2602.00	6684.00	9081.00	887.00	1784.00	n/a	51.30	n/a	49.30	51.30	50.30
	2185.00		8336.00		3013.00		48.20		49.20		48.70	
13227.00	4806.00	4628.00	22460.00	24466.00	6281.00	5790.00	49.50	49.30	49.70	49.30	49.50	49.30
·	n/a	1	12703.00		2985.00	-	49.40	•	50.20	•	49.80	•
7755.00	2086.00	1702.00	15289.00	13707.00	2573.00	1859.00	51.60	51.70	52.00	52.60	51.77	52.15
9280.00	4944.00	4500.00	18400.00	16672.00	4389.00	4503.00	48.40	52.00	49.60	51.60	20.00	51.80
20561.00	n/a	6172.00	18675.00	36236.00	2181.00	5093.00	51.00	52.20	53.00	55.90	52.07	54.05
	1497.00		n/a		n/a		•		n/a		n/a	

RTarea_1	RTarea_2	LTarea_1	LTarea_2	RTsc_1	RTsc_2	LTsc_1	LTsc_2	Thi_sc1	Thi_sc2	Thi_ar1	Thi_ar2	TEE_1
usc.Rgt.area	usc.Rgt.area usc.Rgt.area	usc.Lft.area	usc.Lff.area	ubFat.Rgt_	Sub.Fat_2	SubFat.Lft_1	SubFat.Lft_2	erage.SubFa	erage.SubFa	age.MuscAr	rage.MuscAre	TEE_1
9789.00		10888.00		11297.00		11859.00		11578.00		10338.50		2514.0
10200.00	11583.00	9865.00	11678.00	12548.00	17591.00	11980.00	18194.00	12264.00	17892.50	10032.50	11630.50	2702.0
9209.00	1	8969.00	•	16779.00		16818.00	•	16798.50		9089.00		2678.0
10609.00		10686.00		12523.00		12696.00		12609.50		10647.50		n/a
10521.00		9452.00		8089.00		8868.00		8478.50		9986.50		n/a
8750.00	8941.00	8221.00	8788.00	8704.00	8906.00	79.22	8753.00	4391.61	8829.50	8750.00	8864.50	n/a
11472.00	00.6966	10636.00	9305.00	12223.00	9286.00	11543.00	9213.00	11883.00	9249.50	11054.00	9637.00	2432.0
	12380.00		11879.00		12326.00		11829.00		12077.50		12129.50	n/a
11009.00	11553.00	10471.00	10991.00	9448.00	5963.00	9273.00	5778.00	9360.50	5870.50	10740.00	11272.00	3165.0
11782.00	n/a	11772.00	n/a	7145.00	n/a	6891.00	n/a	7018.00	n/a	11777.00	n/a	2759.0
10952.00	11379.00	10717.00	11022.00	6627.00	7949.00	6653.00	8040.00	6640.00	7994.50	10834.50	11200.50	2477.0
10464.00	11035.00	10192.00	10624.00	10419.00	6340.00	10567.00	6562.00	10493.00	6451.00	10328.00	10829.50	2085.0
13329.00	1	13162.00	1	6397.00	•	6417.00		6407.00		13245.50		3959.0
11292.00	11122.00	10728.00	11076.00	11798.00	14387.00	12801.00	14611.00	12299.50	14499.00	11010.00	11099.00	2451.0
n/a	14021.00	n/a	13129.00	n/a	8186.00	n/a	8195.00	n/a	8190.50	n/a	13575.00	2492.0
10785.00		10532.00	•	12757.00		12722.00	•	12739.50		10658.50		3656.0
15243.00	15076.00	13827.00	13616.00	12059.00	11735.00	12257.00	11531.00	12158.00	11633.00	14535.00	14346.00	3062.0
9785.00	10621.00	9295.00	10498.00	6626.00	8757.00	6687.00	9004.00	6656.50	8880.50	9540.00	10559.50	2334.0
11161.00	11936.00	11477.00	12052.00	10624.00	12240.00	10525.00	12509.00	10574.50	12374.50	11319.00	11994.00	2691.0
n/a	•	n/a	•	e/u	•	n/a	•	n/a		n/a		
7139.00	9352.00	7232.00	9481.00	4704.00	6714.00	4598.00	6674.00	4651.00	6694.00	7185.50	9416.50	1763.0
11582.00	•	11174.00	•	18407.00	•	18811.00	•	18609.00		11378.00		1659.0
10721.00	10426.00	9939.00	10336.00	6785.00	9030.00	6638.00	9077.00	6711.50	9053.50	10330.00	10381.00	2062.0
9200.00	7961.00	8452.00	7592.00	12745.00	9235.00	12840.00	9931.00	12792.50	9583.00	8826.00	7776.50	2462.0
n/a	12106.00	n/a	11707.00	n/a	7642.00	n/a	7139.00	n/a	7390.50	n/a	11906.50	
12009.00	11659.00	10757.00	10412.00	7877.00	6013.00	8174.00	6042.00	8025.50	6027.50	11383.00	11035.50	3027.0
10564.00	10737.00	10143.00	10040.00	5147.00	7247.00	5716.00	7870.00	5431.50	7558.50	10353.50	10388.50	2401.0
n/a	•	n/a	•	n/a	•	n/a	•	n/a		n/a		2106.0
	11346.00		11613.00		11296.00		11078.00		11187.00		11479.50	n/a
n/a	11993.00	n/a	11537.00	n/a	9697.00	n/a	9144.00	n/a	9420.50	n/a	11765.00	2221.0
	-											n/a
n/a	12924.00	n/a	11567.00	n/a	16765.00	n/a	16282.00	n/a	16523.50	n/a	12245.50	2236.0
10820.00	•	10030.00	-	14129.00	•	14333.00	•	14231.00		10425.00		2560.0
n/a	12550.00	n/a	11167.00	n/a	12196.00	n/a	12431.00	n/a	12313.50	n/a	11858.50	2166.0
10938.00		10330.00	•	17706.00	•	16558.00	•	17132.00		10634.00		3179.0

10469.00	10808.00	10260.00	7707.00	12098.00	7487.00	11269.00	7597.00	11683.50	10727.00	10364.50	2270.0
n/a	12525.00	n/a	8470.00	n/a	8021.00	n/a	8245.50	n/a	12649.50	n/a	2514.0
11341.00	11142.00	11142.00	8757.00	9211.00	9269.00	9601.00	9013.00	9406.00	11237.50	11241.50	1951.0
	9708.00	•	5955.00	•	5259.00	•	5607.00		9631.50		2220.0
	7441.00		6081.00	-	6161.00	-	6121.00		7388.50		1659.0
	9875.00		10240.00		10666.00		10453.00		9898.50		2376.0
10045.00	n/a	10178.00	n/a	8000.00	n/a	7793.00	n/a	7896.50	n/a	10111.50	2191.0
•	n/a	•	n/a		n/a	•	u/a		n/a		
•	13371.00	•	8067.00	ı	8274.00		8170.50		12975.00		2285.0
13159.00	12607.00	12902.00	5823.00	5880.00	5090.00	5468.00	5456.50	5674.00	12736.00	13030.50	2602.0
	10833.00		5182.00		5148.00		5165.00		10827.50		n/a
12768.00	12104.00	12513.00	6486.00	8065.00	6725.00	8111.00	6605.50	8088.00	12177.50	12640.50	2632.0
•	11631.00	•	10282.00	•	10077.00	1	10179.50		11697.00		1673.0
8790.00	10742.00	8779.00	10728.00	5634.00	10062.00	5470.00	10395.00	5552.00	10399.00	8784.50	2274.0
9516.00	8751.00	9057.00	13115.00	8294.00	12459.00	8174.00	12787.00	8234.00	8878.00	9286.50	2070.0
											n/a
13569.00	12749.00	14083.00	11313.00	8610.00	12471.00	8775.00	11892.00	8692.50	12723.50	13826.00	3070.0
•	10014.00	•	11817.00	•	11736.00	•	11776.50		9843.50		2388.0
12834.00	12516.00	13422.00	8537.00	11631.00	8837.00	11664.00	8687.00	11647.50	12355.50	13128.00	
•	1444.00	•	11282.00	-	10991.00	-	11136.50		13786.00		2408.0
13190.00	12534.00	12689.00	7586.00	6985.00	7624.00	7335.00	7605.00	7160.00	12909.00	12939.50	2986.0
											n/a
10455.00	11786.00	10690.00	8650.00	14504.00	8661.00	14607.00	8655.50	14555.50	11678.50	10572.50	2152.0
10395.00	11013.00	10215.00	5990.00	5990.00	5955.00	5955.00	5972.50	5972.50	10961.50	10305.00	3386.0
10842.00	9918.00	10196.00	12108.00	10261.00	12515.00	11182.00	12311.50	10721.50	10275.50	10519.00	3001.0
•	9294.00	•	7136.00	-	7477.00	•	7306.50		9865.50		2064.5
10078.00	7935.00	9411.00	9053.00	9539.00	9099.00	9947.00	9076.00	9743.00	8298.50	9744.50	1997.0
•	10941.00	•	8041.00	-	8548.00	•	8294.50		10807.00		2416.0
10247.00	n/a	10487.00	n/a	15841.00	n/a	15879.00	n/a	15860.00	n/a	10367.00	2200.0
•	10840.00	•	9135.00		9903.00	•	9519.00		11453.00		2520.0
											n/a
9655.00	10092.00	10734.00	16157.00	9647.00	15872.00	10199.00	16014.50	9923.00	9567.50	10194.50	2853.0
	10286.00	٠	14143.00	•	14022.00	ı	14082.50		10328.00		3134.0
											n/a
11564.00	12649.00	12375.00	14350.00	11272.00	14136.00	11787.00	14243.00	11529.50	12096.00	11969.50	2728.0
n/a	10042.00	n/a	13998.00	n/a	12654.00	n/a	13326.00	n/a	10016.00	n/a	2252.0
13102.00	0 12511.00	12239.00	14028.00	11740.00	13841.00	11214.00	13934.50	11477.00	12933.50	12670.50	3030.0

n/a	13887.00	n/a	13266.00	n/a	7064.00	n/a	7770.00	n/a	7417.00	n/a	13576.50	3799.0
9006.00		8799.00	1	9761.00	•	9631.00	-	9696.00		8902.50		2258.0
9783.00	9827.00	9628.00	9614.00	12654.00	13603.00	12537.00	13255.00	12595.50	13429.00	9705.50	9720.50	1880.0
11371.00	•	11522.00	-	9914.00	•	9904.00	•	9909.00		11446.50		2399.0
12156.00		12482.00		16628.00		16800.00		16714.00		12319.00		2201.0
11440.00	1	11959.00	•	10222.00	•	10355.00	•	10288.50		11699.50		2284.0
12331.00	12964.00	12479.00	12393.00	14314.00	14525.00	14346.00	15340.00	14330.00	14932.50	12405.00	12678.50	2961.0
16354.00	14929.00	15919.00	14589.00	7298.00	6928.00	7122.00	6499.00	7210.00	6713.50	16136.50	14759.00	2885.0
n/a	12208.00	n/a	11826.00	n/a	6530.00	n/a	6238.00	n/a	6384.00	n/a	12017.00	2790.0
												n/a
13286.00		13322.00		13002.00		12033.00		12517.50		13304.00		2824.0
12770.00	13407.00	12124.00	12829.00	13065.00	12517.00	13330.00	12461.00	13197.50	12489.00	12447.00	13118.00	2846.0
12006.00	1	12098.00	ı	9109.00	•	8471.00	•	00'0628		12052.00		2672.0
12691.00	12659.00	12584.00	12589.00	13112.00	12658.00	12996.00	12245.00	13054.00	12451.50	12637.50	12624.00	2827.0
11987.00	11166.00	11624.00	10946.00	8522.00	00.689	8616.00	6567.00	8569.00	6730.00	11805.50	11056.00	2387.0
11158.00	9833.00	11528.00	10537.00	8844.00	8116.00	8585.00	8341.00	8714.50	8228.50	11343.00	10185.00	2143.0
n/a		n/a		п/а		u/a		n/a		n/a		2934.0

TEE 2	EEPA_1	EEPA_2	PAL_1	PAL_2	Lep_1	Lep_z	בח וענ	Prot_g	g_0no	רמו ש	Sal_g	8-010
TEE 2	EEPA_1	EEPA_2	PAL_1	PAL_2	Leptine_1	Leptine_2	aloric.Intak	Prot_g	CHO_g	Fat_g	Sat_g	Mono_g
	842.60		1.77		13.50		n/a	n/a	n/a	n/a	n/a	n/a
	901.80		1.77		12.20	22.30	2007.71	71.38	324.60	51.40	16.59	17.98
	1010.20		1.91		8.00		1138.30	38.40	201.62	20.77	6.64	7.99
	n/a		n/a		13.60		n/a	n/a	n/a	n/a	n/a	n/a
	n/a		n/a		3.80		n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	3.70	4.60	1197.00	46.00	147.00	49.00	19.00	17.00
2112.00	918.80	880.80	1.92	2.07	n/a	7.60	2319.31	64.65	352.16	77.72	30.28	29.04
n/a	n/a	n/a	n/a	n/a	8.10	repeat	1918.00	73.00	290.00	43.00	12.00	17.00
3131.65	1578.50	1398.48	2.49	2.21	0.09		2036.47	70.48	333.77	51.54	19.46	16.93
2620.00	1163.10	1068.00	2.09	2.03	5.10		2121.46	62.79	332.68	63.46	25.94	22.57
	1029.30		2.06		5.30	8.70	1999.51	58.94	305.37	53.31	16.16	22.60
2131.00	656.50	577.90	1.71	1.59	n/a	8.20	1631.07	56.39	236.65	48.48	17.52	16.62
	1953.10		2.46		n/a		2531.64	90.26	475.87	37.80	12.87	10.86
2354.00	805.90	748.60	1.75	1.72	16.30	11.40	2323.39	90.39	290.85	78.73	25.05	30.73
2852.00	662.80	996.80	1.58	1.82	3.60	5.20	2677.89	72.50	407.63	83.16	28.25	29.67
	1750.40		2.37		n/a		2836.91	63.11	396.12	119.48	47.29	42.22
2576.00	1575.80	1038.40	2.59	2.01	n/a	15.30	2016.20	92.63	234.29	78.81	26.30	31.18
2422.00	920.02	619.80	1.53	1.55	4.00	06.9	1680.05	42.53	258.62	56.94	22.81	20.28
2943.00	971.90	1198.70	1.86	2.03	10.60	9.60	2416.92	69.32	281.11	103.26	38.65	38.75
					5.20		2020.38	66.26	281.26	76.68	24.11	31.21
1908.00	366.70	277.20	1.45	1.32	3.20	5.30	926.00	27.00	124.00	37.00	11.00	17.00
	46.90		1.08		n/a		2127.56	90.01	252.67	67.52	22.52	25.08
2182.00	485.80	613.80	1.51	1.62	5.20	5.30	2058.29	72.30	314.40	89.09	19.59	23.23
2806.00	965.80	1015.40	1.97	1.86	n/a	5.50	1817.84	65.90	238.15	69.41	19.25	26.10
2095.00					n/a		2280.27	101.18	319.58	75.06	30.30	28.11
2588.00	1264.30	889.20	2.07	1.80	3.80	n/a	2594.00	00.69	412.00	82.00	26.00	33.00
2006.00	1130.90	595.40	2.33	1.66	n/a	6.30	1535.32	55,35	188.97	64.12	24.57	24.99
	545.40		1.56		7.60		1761.96	60.42	186.03	80.78	29.86	35.34
n/a	n/a	n/a	n/a	n/a	35.70	35.10	1836.00	82.00	214.00	72.00	24.00	27.00
2251.00	708.90	705.90	1.72	1.71	n/a	6.10	1667.50	63.70	233.01	56.31	18.48	22.83
n/a	n/a	n/a	n/a	n/a	19.70	13.90						
2513.00	412.40	771.70	1.40	1.69	11.10	16.50	1956.43	56.37	286.73	70.95	23.01	29.70
	814.00		1.72		10.00		2601.43	96.84	365.01	88.14	32.10	34.42
2122.00	649.40	449.80	1.67	1.45	22.70	17.80	n/a	n/a	n/a	n/a	n/a	n/a
	4464.00		187		e/u		1555 84	R7 71	216.07	49.08	16 92	18 07

6	20	4	9	, K	2 2	2 8	2 2		: =	2 9					ء	4	2	2						0	2		4	~	ھ		2	Γ		2	600	Τ.
n/a	24.50	33.14	13.46	23.75	28.00	19.38	17.24	37.31	27.30	12.00	22.57	22 18	17.17	13.37	24.00	31.04	38.12	30.52	17.93	27.73	14.00	24.00	24.28	10.80	22.75	36.08	23.64	16.32	28.76		21.92	n/a	n/a	11.62	20.58	
n/a	17.13	31.01	9.14	21.61	27.00	17.81	11.85	26.63	33.12	11.00	21.05	18.78	21.50	14.36	22.00	23.18	37.11	29.09	14.47	30.69	11.00	27.00	19.69	10.31	16.33	32.46	19.88	15.64	25.49		19.01	n/a	n/a	12.28	19.90	27.00
n/a	60.79	85.15	30.81	64.83	68.00	54.81	43.11	94.73	77.93	33.00	60.33	56.54	51.54	38.89	65.00	77.53	99.53	91.48	46.81	78.29	37.00	73.00	65.81	29.30	26.07	98.53	59.95	43.41	75.25		54.84	n/a	n/a	32.05	55.53	400 66
n/a	356.55	277.22	225.36	135.26	289.00	339.28	289.50	477.62	201.58	339.00	289.30	227.15	244.46	219.16	286.00	253.05	260.24	366.34	182.94	292.47	194.00	269.00	350.09	182.43	221.49	283.54	219.17	284.88	201.33		237.96	n/a	n/a	397.59	270.44	700 00
n/a	77.63	72.80	37.95	46.55	72.00	66.65	53.18	64.77	48.01	55.00	56.61	93.27	51.79	79.28	72.00	62.75	90.38	83.86	64.97	79.47	61.00	72.00	77.28	61.67	45.65	68.51	121.35	45.34	62.17		73.02	n/a	n/a	77.11	55.36	109 27
n/a	2202.20	2193.51	1333.46	1308.49	2026.00	2094.46	1725.88	2918.01	1720.19	1868.00	1858.08	1779.39	1713.07	1537.66	1959.00	2020.31	2280.86	2707.15	1564.22	2237.26	1388.00	2029.00	2359.87	1256.11	1550.30	2259.13	1916.19	1659.36	1692.49		1881.46	n/a	n/a	2140.49	1804.21	3463.25
11.40	3.20				6.40	u/a			1.70	8.00	9.40		8.20	6.80	9.30	8.20		5.80			18.80	11.60	4.30			12.20		n/a		14.00					5.10	20.30
15.90	n/a	5.50		11.60	8.00	n/a	15.70	n/a	n/a	8.40	6.70	n/a	6.00	14.20	13.20	n/a	n/a	n/a	n/a	3.80	16.90	15.10	4.60	10.30	n/a	13.70	n/a	n/a	n/a	9.20	11.00	11.40	3.90	n/a	5.90	n/a
1.60	1.69	1.61			2.20				2.38	n/a	1.7		1.57		n/a	1.73		1.94		1.96	n/a	1.47	2.64			1.38		1.70		n/a	1.40			1.99	2.12	1.89
1.61	1.82	1.59	2.29	1.49	1.70	1.64		1.66	1.91	n/a	1.8	1.30	1.62	1.68	n/a	2.26	1.84		1.50	2.02	n/a	1.72	2.35	1.94	1.49	1.37	1.87	1.62	1.79	n/a	2.18	2.16	n/a	1.77	1.68	1.80
043.40	755.10	655.10			1141.30				1508.70	n/a	752.00		607.20		n/a	804.40		1149.20		1177.10	n/a	404.20	1817.40			358.00		/66.70		n/a	345.90			1268.30	966.70	1173.90
933.00	882.60	525.90	1028.00	378.10	738.40	631.90		676.50	976.80	n/a	1058.80	215.70	646.60	633.00	n/a	1403.00	849.20		557.20	1207.40	n/a	566.80	1607.40	1150.90	468.07	3/7.30	884.40	920.00	858.00	n/a	1257.70	1370.60	n/a	915.20	08.989	1131.00
200.00	2439.00	2339.00			2557.00				3143.00	n/a	2480.0		2308.0		n/a	2496.00		2988.00		3019.00	n/a	1838.00	3486.00		0000	2020.00	00 0070	2403.00		n/a	1851.00			3787.00	2263.00	3171.00

34.58	34.59	13.01	20.24	22.53	16.86	29.19	n/a	20.08	19.00	31.46	20.36	n/a	40.00	n/a	24.10	25.45
30.39	30.58	20.85	19.05	14.20	14.53	23.40	n/a	19.06	18.00	30.34	18.46	n/a	38.00	n/a	21.07	23.54
92.50	92.33	41.70	55.73	53.39	44.72	98.79	52.60	52.59	47.00	89.06	58.70	56.30	102.00	n/a	60.21	68.47
390.05	289.90	164.24	268.59	308.02	164.21	264.35	317.60	302.94	253.00	351.78	211.30	306.00	346.00	n/a	198.31	332.44
78.23	65.14	27.12	85.08	57.71	60.35	81.60	76.60	70.95	49.00	88.43	49.73	78.30	71.00	n/a	75.99	88.61
2632.17	2209.65	1097.32	1894.82	1891.99	1283.08	1670.69	2006.30	2171.70	1641.00	2528.70	1534.67	1998.60	2751.00	n/a	1778.28	2279.52
4.50		20.00		9.10		00.9	4.00	5.10		6.20	12.30		7.40	9.50	25.20	
5.20	n/a	n/a	8.30	6.80	n/a	8.00	n/a	4.70	22.60	4.30	12.00	6.40	8.10	n/a	10.70	9.10
1.62		2.21		1.65		2.17	1.78	1.63		1.64	1.64		2.02	2.16	1.60	
2.52	1.61	1.44	1.73	1.49	1.77	1.94	2.03	2.16	n/a	1.80	1.87	2.19	2.11	1.84	1.54	1.60
654.40		1386.40		710.70		1401.00	797.60	613.20		714.80	752.00		1261.60	1225.40	593.90	
1909.10	632.20	382.00	774.10	500.90	765.60	1134.90	1176.50	1221.00	n/a	971.60	1041.40	1184.80	1204.30	848.30	538.70	
2316.00		3096.00		2423.00		3190.00	2364.00	2148.00		2472.00	2580.00		3124.00	2806.00	2171.00	

Poly_g	CIIOI IIIG		1					
Poly_g	Chol_mg	Fiber	Per_Pro	per_CHO	per_Fat	Fat_Sat	Fat_Mon	Fat_Pol
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
13.35	92.98	25.60	0.14	0.65	0.23	0.32	0.35	0.26
3.69	64.98	8.70	0.13	0.71	0.16	0.32	0.38	0.18
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
10.00	148.00	9.00	0.15	0.49	0.37	0.38	0.34	0.21
12.57	202.23	22.04	0.11	0.61	0.30	0.39	0.37	0.16
10.00	55.00	19.00	0.12	0.67	0.22	0.38	0.34	0.19
10.69	175.32	20.55	0.14	99.0	0.23	0.38	0.33	0.21
10.03	298.40	21.05	0.12	0.63	0.27	0.41	0.36	0.16
10.47	91.27	23.44	0.12	0.61	0.24	0.30	0.42	0.20
9.30	135.76	14.50	0.14	0.58	0.27	0.36	0.34	0.19
9.90	49.52	44.25	0.14	0.75	0.13	0.34	0.29	0.26
16.87	225.03	19.05	0.16	0.50	0.30	0.32	0.39	0.21
19.10	162.63	29.74	0.11	0.61	0.28	0.34	0.36	0.23
22.22	248.71	28.02	0.09	0.56	0.38	0.40	0.35	0.19
14.03	303.40	19.61	0.18	0.46	0.35	0.33	0.40	0.18
10.31	103.74	14.17	0.10	0.62	0.31	0.40	96.0	0.18
18.69	250.55	10.98	0.11	0.47	0.38	0.37	96.0	0.18
15.95	116.64	26.28	0.13	0.56	0.34	0.31	0.41	0.21
7.00	48.00	11.00	0.12	0.54	0.36	0.29	0.46	0.19
14.55	253.72	12.73	0.17	0.48	0.29	0.33	0.37	0.22
12.64	225.17	15.24	91.0	0.61	0.26	0.32	0.38	0.21
19.33	162.65	11.45	0.15	0.52	0.34	0.28	0.38	0.28
10.94	252.19	27.41	0.18	0.56	0.30	0.40	0.37	0.15
17.00	170.00	28.00	0.11	0.64	0.28	0.32	0.40	0.21
10.23	146.86	8.42	0.14	0.49	0.38	0.38	0.39	0.16
15.49	303.57	9.52	0.14	0.42	0.44	0.34	0.41	0.18
16.00	318.00	16.00	0.18	0.47	0.35	0.33	0.37	0.22
10.39	218.68	15.16	0.15	99'0	0.30	0.33	0.41	0.18
12.63	120.58	14.37	0.12	0.59	0.33	0.32	0.42	0.18
15.91	212.23	16.19	0.15	0.56	0.30	0.36	0.39	0.18
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

1/9	0.24	0.18	0.20	0.23	0.13	0.25	0.24	0.25	0.16	0.22	0.20	0.19	0.18	0.19	0.21	0.23	0.17	0.28	0.23	0.18	0.21	0.22	0.25	0.19	0.23	0.25	0.17	0.19	0.21	0.17	n/a	n/a	0.16	0.20	0,00
E/E	0.40	0.39	4.0	0.37	0.40	0.35	0.40	0.39	0.35	0.36	0.37	0.39	0.33	0.34	0.37	0.40	0.38	0.33	0.38	0.35	0.37	0.33	0.37	0.37	0.41	0.37	0.39	0.38	0.38	0.40	n/a	n/a	0.36	0.37	000
2/2	0.28	0.36	0.30	0.33	0.40	0.32	0.27	0.28	0.42	0.32	0.35	0.33	0.42	0.37	0.34	0.30	0.37	0.32	0.31	0.39	0.30	0.37	0.30	0.35	0.29	0.33	0.33	0.36	0.34	0.35	n/a	n/a	0.38	0.36	97.0
1/4	0.25	0.35	0.21	0.45	0.30	0.24	0.22	0.29	0.41	0.16	0.29	0.29	0.27	0.23	0.30	0.35	0.39	0.30	0.27	0.31	0.24	0.32	0.25	0.21	0.33	0.39	0.28	0.24	0.40	0.26	n/a	n/a	0.13	0.28	
5/1	0.65	0.51	0.68	0.41	0.57	0.65	0.67	0.65	0.47	0.72	0.62	0.51	0.57	0.57	0.58	0.50	0.46	0.54	0.47	0.52	0.56	0.53	0.59	0.58	0.57	0.50	0.46	69.0	0.48	0.51	n/a	n/a	0.74	09.0	
B/II	0.14	0.13	0.11	0.14	0.14	0.13	0.12	0.09	0.11	0.12	0.12	0.21	0.12	0.21	0.15	0.12	0.16	0.12	0.17	0.14	0.17	0.14	0.13	0.20	0.12	0.12	0.25	0.11	0.15	0.16	n/a	n/a	0.14	0.12	
5/1	36.30	17.68	16.16	9,46	23.00	20.56	18.75	39.67	11.61	26.00	24.86	10.82	18.73	8.78	21.00	12.78	11.78	21.37	13.35	20.86	15.00	13.00	21.28	14.47	11.60	10.67	10.52	11.72	19.23	17.39	n/a	n/a	32.45	17.60	
B /1	101.15	176.10	26.51	161.44	143.00	136.24	55.22	212.51	139.51	69.00	184.74	235.73	177.23	192.08	161.00	182.98	382.09	204.19	125.52	247.86	104.00	247.00	175.46	91.33	76.67	131.33	299.32	130.48	297.71	156.76	n/a	n/a	53.91	94.79	
5	14.29	15.29	80.9	14.87	9.00	13.92	10.26	23.65	12.42	7.00	12.12	10.95	9.24	7.37	14.00	17.73	16.59	25.28	10.91	13.98	9.00	16.00	16.60	5.47	12.89	24.14	10.43	8.25	15.54	9.27	n/a	n/a	5.13	10.94	

	27.57	0.12	0.59	0.32	0.33	0.37	0.23
7	11.52	0.12	0.52	0.38	0.33	0.37	0.22
22.	22.01	0.10	09.0	0.34	0.50	0.31	0.12
12.86	98	0.18	0.57	0.26	0.34	0.36	0.22
36.85	35	0.12	0.65	0.25	0.27	0.42	0.24
10.80	0	0.19	0.51	0.31	0.32	0.38	0.21
18.46	6	0.20	0.63	0.31	0.40	0.50	0.26
n/a		n/a	n/a	n/a	n/a	n/a	n/a
17.41		0.13	0.56	0.22	0.36	0.38	0.17
13.00	_	0.12	0.62	0.26	0.37	0.40	0.16
25.01		0.14	0.56	0.32	0.34	0.35	0.24
13.86	<i>'</i> 0	0.13	0.55	0.34	0.31	0.35	0.27
n/a		n/a	e/u	e/u	n/a	n/a	n/a
23.00	0	0.10	0.50	0.33	0.37	0.39	0.17
n/a	_	n/a	n/a	n/a	n/a	n/a	n/a
7.10	0	0.17	0.45	0.30	0.35	0.40	0.16
20.39	6	0.16	0.58	0.27	0.34	0.37	0.20

Final Reports:

Publications:

Dvorak RV, WF Denino, PA Ades, ET Poehlman. Phenotypic characteristics associated with insulin resistance in metabolically obese but normal-weight young women. 48: 2210-2214, 1999.

Poehlman ET, RV Dvorak, WF Denino, M Brochu, PA Ades. Effects of resistance training and endurance training on insulin sensitivity in nonobese, young women: A controlled randomized trial. 85: 2463-2468, 2000.